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Where Our Christmas Came From

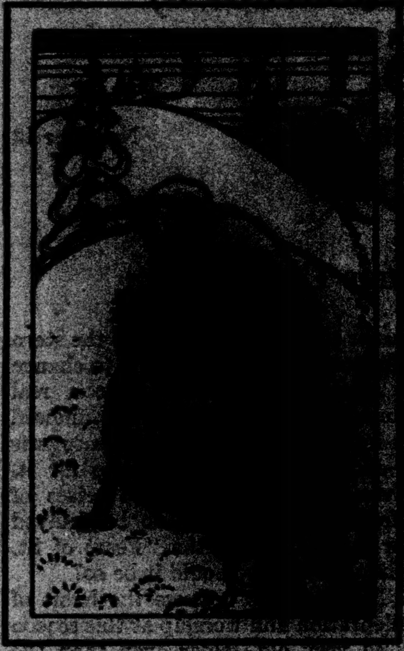
ANY nurse knows that Christmas in the hospital need not be [illegible]. There are all the gay [illegible] down to the [illegible] during hours "off duty" to get a few more golden balls and lengths of tinsel to add to the already shining trees in the wards; slipping into the chapel to watch the progress of the crèche being set up there, perhaps even being entrusted with the repair of an angel's broken wing or his trumpet; hanging holly wreaths in the windows and a surreptitious bit of mistletoe over the ward door; gently restraining the orderly from hanging too many crepe paper festoons; borrowing surgical stockings, one for every child in the children's ward since nothing smaller could begin to hold all the gifts each had from father, mother, the Woman's Board, and the nurses themselves; stealing into the ward after the children are asleep to make sure that all is in readiness for their waking; hurrying, [illegible] to dress in the cold [illegible] Christmas morning, and [illegible] through the [illegible] hospital where, on the [illegible] have gathered for [illegible] and finally, at the [illegible] "Holy Night," coming [illegible] with the poignant [illegible].

Why should Christmas have the power to set aside for a time the stern business of the hospital and to change it into something very like a real home instead? Laxities are allowed in hitherto rigid diets and treatments—and none seem the worse for it. Even the "sufferings and crises of life and death" seem to be delayed for a time during the "Feast of St. Friend." Why should it be so?

Perhaps it is because the habit of celebration and worship at this season is so very old—older even than the Christian era—that it has become a part of the race pattern. For the time of Christmas is also the time when the days begin to lengthen after the winter solstice and, although we may not realize it, most of us bear within us the marks of sun-worshipping ancestors.

In the early histories of many peoples, even before the birth of Christ, there was celebration and rejoicing at the season when the sun returns to the earth. The Roman Saturnalia lasted from the seventeenth to the twenty-third of December; the Druids had a festival at this time; the Scandinavian Yule was the feast of the winter solstice; and the Mithraic "Dies Natalis Invicti Solis"—The Birthday of the Unconquered Sun—came then. Whether the first Christmas Day really fell on December twenty-fifth, or whether the early

[illegible]



BABOUSCKA, THE "GRANDMOTHER," WITH GIFTS FOR THE CHILDREN

Christians simply transferred their great festival to a time coincident with the pagan mysteries, concerns us little. The fact remains that to celebrate, to rejoice, and to worship at this season is a habit of long standing. There is also great beauty in the symbol of the unconquered sun—the "Dayspring from on high"—returning to the earth after the long night of winter.

It is not strange, therefore, that customs so ancient and so universal should be powerful enough to set aside for a time the otherwise fixed and unalterable rules of the hospital. Nor is it strange, on considering the ancestry of its customs, that we should find in our Christmas the enchanting mixture of Holland, Germany, Russia, Italy, and England that we do. And this is undoubtedly one reason why any patient can find in the hospital Christmas something of [illegible]—that is, if he is so fortunate as to be in an institution whose nurses and [illegible] know how [illegible] it is to build up and carry on traditions of this kind.

"In the Hope that St. Nicholas Soon Would Be There"

THE customs which surround our American Christmas are exceedingly old and come to us from many places. Santa Claus, brought to us by the Dutch, rightly belongs not to Christmas Day, but to December sixth, the feast of St. Nicholas, once Bishop of Myra and always patron saint of children. In Holland and Belgium St. Nicholas brings presents on December sixth, his birthday, to the children who have set out their wooden shoes, stockings, or a basket to receive them, and who do not forget to leave a little hay for his white horse. In these countries St. Nicholas, or Santa Claus, wears his bishop's robes. As he goes farther north into the Scandinavian countries he adopts the clothing as well as the manners and customs of the elves and dwarfs, and by the time he gets to us he is wearing his jolly red suit and climbing out of his reindeer sleigh down our chimneys. In Germany it is Kris Kringle, Christ Kindel, the Christ Child, who brings presents to the children. In the [illegible] by the Greek Church, Christmas Day is [illegible] of the Epiphany, Twelfth Night, twelve days after [illegible] three kings, [illegible] and [illegible] of the young [illegible] faces. In Russia it is none of these who bring the gifts, but a [illegible] old woman called Babouscka, "the

CHRISTMAS MORNING

grandmother," one of the first, oldest, and best loved of names.

[illegible] is a poor, stooped, [illegible] old soul with a shawl over her head and her apron full of candles and toys for the children. She is always in a hurry and always particularly interested in the babies. Long ago [illegible] was sweeping [illegible] cold snowy evening [illegible] and climbing [illegible] It frightened [illegible] the lid, and not [illegible] knocked at her [illegible] did she open it. [illegible] was [illegible] kings who had lost [illegible] following a star which would guide them to a new and much mightier King. They begged Babouscka to come with them to show them the way, but she was afraid and the kings went on without her. Next morning she was sorry. So she started out alone to find the young King, and that is why, on Christmas Eve, she brings gifts and candy to the children of Russia and is so interested in the babies.

"Deck the Hall with Boughs of Holly"

SO closely have the holly, the cedar and pine, and the mistletoe become linked with Christmas that, lacking them, we even use their imita-

tions. Houses were hung with green branches during the Roman Saturnalia. The mistletoe had a place in the rites of the Druids at this time of year, during which the Druid priest cut it with a golden sickle from the oak on which it grew. It caused the death of Balder, the god of light and peace, son of Odin and Frigg and the beloved of the gods of the Nordic people. When all things in the universe were asked to promise not to harm Balder, the mistletoe was not approached, since it was thought to be too weak to harm him. However, the evil Loki caused a dart to be made of it and the god was killed, and the mistletoe is regarded with veneration to this day. The holly and ivy have always been loved for their natural beauty; the holly was thought by the English of the middle ages to be a symbol of the crown of thorns.

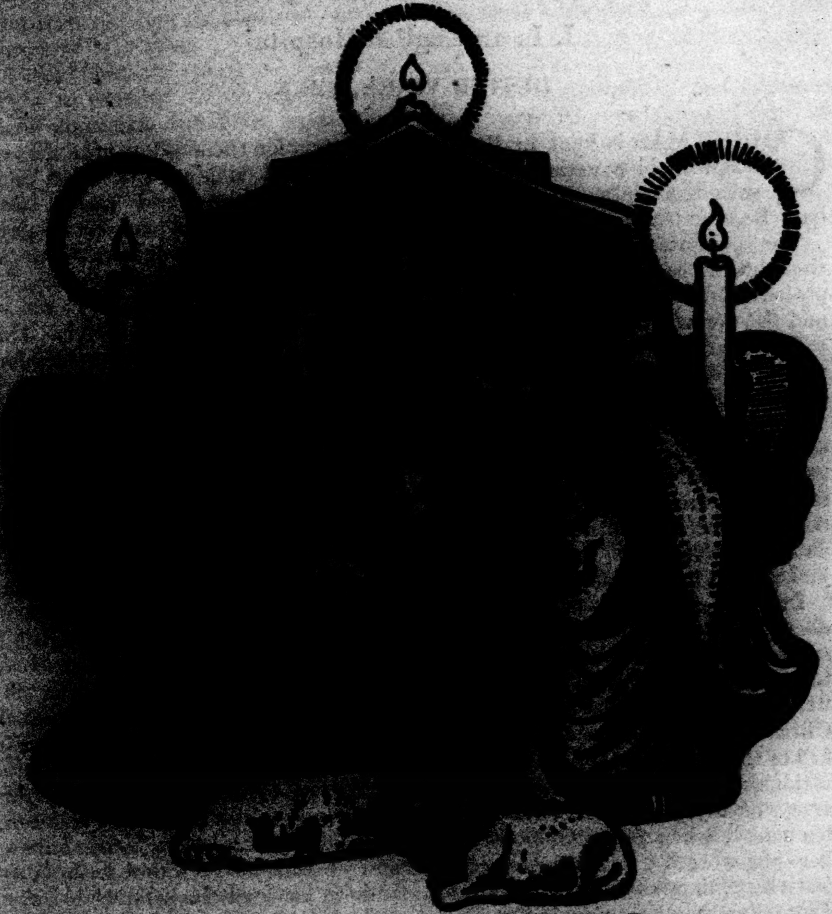
Strangely enough, the Christmas tree is of comparatively recent origin. It seems to have resulted from the union of the ancient Roman custom of decorating the houses with boughs at the Saturnalia and an early Christian legend according to which on Christmas Eve "all trees bloom and bring forth fruits in the forest." The first Christmas tree known was in Strasbourg in Alsace about the sixteenth century. While the fragrant evergreens were prized as Christmas trees, in some parts of Germany a fruit tree was brought into the house about a month before Christmas and planted in a pot of earth, so that by Christmastime it was in full bloom. England, too, has a tree that blossoms on Christmas Eve, the Glastonbury thorn which, legend says, is the staff of St. Joseph of Arimathea, thrust into the earth, where it took root and henceforth blossomed on Christmas Eve. A cutting from that thorn, planted in the garden of Mount St. Alban in Washington, D. C., has grown into a sturdy little tree and has actually blossomed in November.

"For unto Us a Child Is Born"

JUST as the lighted Christmas tree is the symbol for the Germans, the presepio or crèche is the symbol of Christmas for the Italians, who always have it in their homes at Christmastime. This custom of setting up a little manger is said to have been initiated by St. Francis of Assisi, who arranged a crèche at Greccio at Christmas to the delight of the people. Nowadays at Christmastime one can always find the manger and the little figures of the shepherds, the angels, Joseph, Mary and the Child, and the little sheep and oxen, for sale in the Italian quarters of our large cities.

"Sing, O Sing This Blessed Morn"

THE custom of singing carols at Christmas also goes back to St. Francis. During the early centuries of the Christian era, particularly in the monastic period, the celebration of Christmas was more concerned with theology and ritual in the churches than with the celebration of the homely feast centered in the family which it has since become. During these early centuries, while the monks at Christmas were chanting the Latin equivalent of "In the beginning was the Word," the people did not sing nor even know the words "Holy Infant so tender and mild." It was not until the end of the thirteenth century, after the Franciscans had succeeded in "humanizing" the Christian religion, that Christmas carols in the vernacular became general, first in Italy. They did not become popular in England until as late as the fifteenth century. Carol singing in the hospital at Christmas is one of our most loved customs and one



The [illegible] Is the Symbol of Christmas in Italian Families

[illegible] by patients, who [illegible] of the lift to the spirit [illegible], as the sound of the [illegible] began to drift toward [illegible] the hospital corridors, [illegible], for the present at [illegible] sight [illegible] the day was at hand. [illegible], our Christmas [illegible] customs from many [illegible], but "who can [illegible] Christmas contains incongruous elements, for old things loved by the people cannot easily be uprooted."[1]

Bibliography

[1] Miles, Clement A. *Christmas in Ritual and Tradition.*

Frazer, J. G. *The Golden Bough.*

Smith, E. S., and Hazeltine, A. I. *Christmas in Legend and Story.*

Chambers. *Book of Days.*

McKnight, G. H. *St. Nicholas, His Legend and His Rôle.*

Christmas in Hospital

I. In an English Hospital

HESTER VIVEY, S.R.N.

CHRISTMAS is kept in E[illegible] hospitals in a variety of [illegible] some certainly old [illegible] have become tra[illegible]

The patients [illegible] thought and [illegible] patient [illegible] and the d[illegible]

[illegible] jackets and [illegible]

In this gay [illegible] of [illegible] doc[illegible] tea p[illegible] "O[illegible] Ch[illegible] to the [illegible] full of tinsel, [illegible] rations, [illegible] array of toys, [illegible] for the [illegible] tea party, when Sister O. P. [illegible] her huge family round her for the festive evening, assisted by Punch and Judy, Father Christmas, and a number of excited young dressers arrayed as animals. It is much to be feared that Sister's strict regulations over invitations get cheerfully evaded year by year, and that small persons creep in to the party after more than the prescribed period of robust health, but then who can resist the appeal of the ex-out-patient baby?

The patients in the wards live in a whirl of gaiety and [illegible]. On Christmas morning there are presents for everyone and stockings bulging [illegible] for the children; the nurses [illegible] singing the sweet old [illegible] hymns and carols; the [illegible] their concert party [illegible] throughout the week [illegible] the nurses usually [illegible] to which [illegible] own friends. On [illegible] day there are services for [illegible] attend them, and [illegible] in the ward: [illegible] with [illegible] crack- [illegible] big [illegible] of beds and dec- [illegible] friends help to serve [illegible] the [illegible]

[illegible] the most delightful [illegible] The patients themselves [illegible] friends to tea in the [illegible] gaily decorated [illegible] bed, and round each bed [illegible] patient's own Christmas party. Visitors are [illegible] to the wards, children, husbands, probationers, staff nurses, and doctors hurry round with cakes and tea and pull crackers, while Sister goes from bed to bed meeting and greeting every one of her multitudinous guests, answering everyone's inquiries [illegible]

Then there are Christmas dinners for the doctors, the staff nurses and the Sisters, the probationers and the domestic staff. There [illegible] gatherings [illegible] speeches and [illegible]

[illegible] old friends too busy to see [illegible] other.

[illegible] work is made as light as possible. Everyone joins in and does just the little extra that makes the difference. Seniority is laid aside and all the staff doctors and nurses alike join forces, so that those who are ill in hospital during Christmas week shall carry away with them a lasting memory of cheerfulness and good will.

For many growing older Christmas may bring gay memories, but the present may seem sad. For such we can only recommend voluntary service during Christmas week in one of our English hospitals.

II. In a Southern Hospital

MRS. ROBERT JOLLY, R.N.

THE big pecan tree in the hospital yard, bare of leaves and [illegible]-looking in the daytime, blossomed on Christmas Eve. Two hundred glowing colored globes shed cheer through the windows of patients' rooms and on all the passers-by. Strange how Christmas put new life into an old sleeping tree. But the tree was not alone in "perking up" for Christmas.

The Christmas tree was lighted at 7.30 Christmas Eve in the presence of the entire school, together with visiting friends and patients. Names had been drawn several days previous, and in this manner everyone was assured of a gift from another of the school [illegible]. After a brief program and some songs by the Glee Club, Santa Claus came with his sleigh and [illegible] and what a time we had. [illegible] live in the north and have [illegible] white [illegible] begin to [illegible] to those in [illegible] there had been no [illegible]. Many of the students [illegible] and the word [illegible] their [illegible] Christmas Eve. [illegible] of [illegible] in the [illegible] for the benefit of the patients in the hospital, and then went to the dining room, which had been appropriately decorated for the occasion. A fireplace was in evidence with stockings hung up and with all the gay paraphernalia of Christmas spread around. After a prayer of thanksgiving for the care of loved ones at home, breakfast was served and then everyone turned her attention to making Christmas real for the patients. The Superintendent and Superintendent of Nurses made a personal call on each patient, leaving a greeting. The dietitian and her assistants outdid themselves in making the dinner not only delicious but attractive. Each tray, besides the food, bore a little Santa Claus and a Christmas card from the hospital. The ice cream was in shape of Santa Claus and his reindeer. In many instances a loved one was invited to have dinner with the patient.

Of course everyone was interested to see if Houston's first Christmas baby would be born in the Baptist Hospital and, sure enough, at 9.20 a.m. a little girl came to bring a real Christmas to her parents. Several others were born that day, but the first one was the Christmas baby.

After the patients had all been

[illegible]

cared for, the students gathered in the dining room for the big meal of the day. Those who had the pleasure of having their friends with them shared them with those not so fortunate and everyone had a good time.

III. At the Philadelphia General Hospital

"CHRISTMAS in this hospital is a wonderful event," wrote Miss Clayton on December 27. "It is wonderful because it represents the united interest of every nurse, every doctor, and every employe of the institution, plus the interest of the people represented through the clubs." (The Cooperative Club of the Philadelphia General Hospital, which is composed of the membership of many clubs having many interests, but meeting at Christmas time to give happiness to the sick poor of the city.) "It has been possible for us to have every ward in the hospital cared for by some individual club or group of people. This means that everyone of our 2,000 patients have had a personal gift and personal visit from people who were interested. In addition to this, the clubs have given money to supply Christmas trees and Christmas tree trimmings, which the patients have made but which their funds have purchased, and candy and other things that give pleasure at the holiday time."

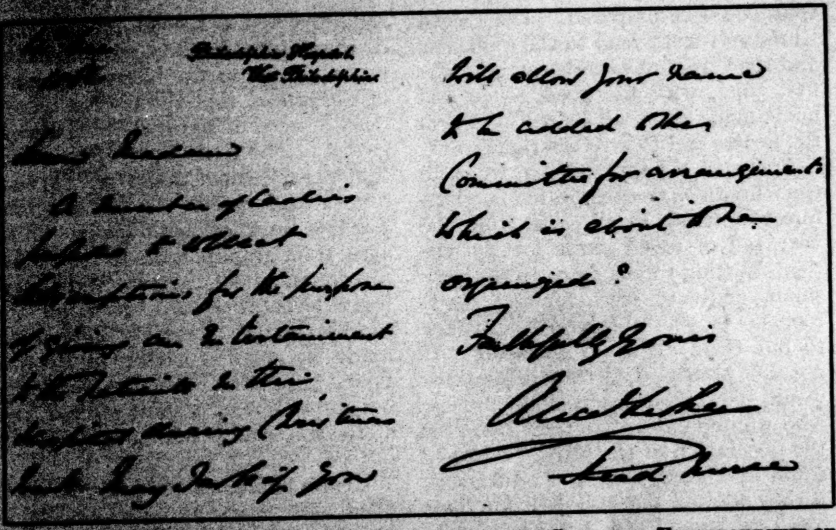
"This celebration, in abeyance for a time and revived by Miss Clayton, goes back to Miss Alice Fisher, founder of the school. The picture shown herewith, was treasured by the recipient, a doctor's wife, for many years and, at her death, presented to Miss Clayton, but the [illegible] the letter, [illegible] before Miss Fisher had reached [illegible]. Miss Clayton told the story as follows:

"I think this little incident would interest you. In 1884, when Miss Fisher was on her way to this country, she met on the steamer a group of Philadelphia ladies, who had been abroad and who were just returning home. They were mutually pleased with one another, and these Philadelphia ladies became interested in the work that Miss Fisher was about to undertake in this old city hospital. They became her friends and helped her a great deal in establishing confidence in this hospital among the lay people. These ladies represented some of Philadelphia's oldest and finest families.

"Through Miss Fisher's efforts and the efforts of this group, a committee was formed to entertain the patients. It will be of interest to you to know that two of the ladies who were on the boat that day coming from England continue to be the most active workers on this committee and, as a matter of fact, one having lunch with us today, as this is the day they give the annual entertainment to the patients.

"They began in 1885 to spend one day during Christmas week with the [illegible]

[illegible]



Philadelphia Hospital
West Philadelphia

Dear Madam

A number of ladies [illegible] to collect subscriptions for the purpose of giving an Entertainment to the patients in this hospital during Christmas week. May I ask if you will allow your name to be added to the Committee for arrangements which is about to be organized?

Faithfully Yours
Alice Fisher
Head Nurse

A LETTER FROM MISS ALICE FISHER ARRANGING FOR THE CHRISTMAS ENTERTAINMENT OF PATIENTS AT THE PHILADELPHIA GENERAL HOSPITAL IN 1886

to as many patients as can be moved from their beds. While these patients are being entertained in the auditorium, harpists go around to the wards to play for those who cannot be moved from their beds."

IV. In Denmark

CHARLOTTE MUNCK, R.N.

CHRISTMAS time in Denmark is full of preparations and joyful anticipation, and especially in [illegible] everything is done to [illegible] patients forget that [illegible] away from home [illegible]

[illegible] understands when [illegible] happy, inno- [illegible] Christmas feeling [illegible] the good nurses asked [illegible] the old, be- [illegible] in order to sing them in [illegible] Christmas morning.

As to sleep and rest at this season of the year nobody seems to care, the approaching Christmas gives double strength! And then the choir! In the beginning sometimes out of tune and not especially promising, suddenly developing into joyful, harmonious song by clear, young voices: "Sing, O sing, this blessed morn; Jesus Christ today is born!" A picture of Santa Claus was put up at the front door in the nurses' home, inviting, by a home-made rhyme, all the nurses to assemble at a fixed date in the sitting-rooms, where the decorations for the Christmas

[illegible]

trees could be prepared. The special Christmas story read to the audience, and the Christmas carols, sung for the first time, with the good coffee and home-made cake, all helped to warm the hearts and to give the right spirit.

But what a happy feeling, when all the Christmas trees appeared, a whole forest of them, in all sizes, from the very tall of seven yards for the patients' sitting-rooms down to the very small, one-yard trees for the single rooms. It was absolutely necessary to put them all in an enclosure. If not thus protected, all the cut branches would be taken by zealous nurses, who wanted more than their share for the decoration of the ward. Nobody could ever accuse them of selfishness, if they wanted the very best for their own patients. The big trees were given each one a number, and each head nurse drew one before the tree was allotted to her, so she knew that justice reigned, even if she did not get the very finest tree.

Now the day before Christmas Eve has come, the sheaves had been put up in the courtyards and the gardens, even the little birds should be fed at Christmas, and in the wards nurses and doctors are decorating the trees. One is all in white, others in gold or silver, and for the children the trees are in all the different colors, which gives an effect that will make the youngsters [illegible] delight.

At last the day of Christmas [illegible]. In the wards it seems as if almost all the patients are better [illegible]. As for [illegible] the doctors [illegible] served. [illegible] rice pudding, the patients [illegible]

them receive a special present, and it sometimes seems very wonderful, probably due to the blessed influence of Christmas, that the patient who is most in need of warm clothing always gets it. The quiet hour after dinner is more excitement than rest. At four o'clock the visitors are coming, the ward is crowded with people of all ages, from grandparents to babies; all restrictions are forgotten, and everybody feels at home. Now all the candles on the trees are lighted; as many as possible gather in the patients' big sitting-room, the wonderful old gospel is read, a short sermon, and all the voices unite in singing the praise of God.

Hearts and souls and sickrooms are filled with peace and joy, the lights are reflected in the radiant eyes of the children, and many of the grown-up people seem to enjoy it all, just as much as the children. When the candles then are burnt down, and all the visitors have left, the patients are very tired, but very happy and grateful for all that has been done for them. Their tables are overloaded with presents, and they enjoy making one admire all the beautiful things they have got. In the men's wards the smoking of a good cigar adds still more to the general satisfaction, this being, with New Year's Eve, the only time when smoking is allowed in the wards.

Another quiet stillness of the night [illegible] and blessed Christmas Eve.

Pernicious Anemia and Liver Therapy

JAMES BORDLEY, III, M.D.

On the banks of the Nile and its [illegible] more than a thousand [illegible] before the birth of Christ, [illegible] of the ancient [illegible] prescribed for their pa[illegible] [illegible] parts of the animal [illegible] and powdered. Their [illegible] were derived from the ele[illegible] [illegible] crocodile, and [illegible] were prepared from [illegible]. This practice was widely [illegible] down through the Middle Ages and "The pharmacopoeia of the [illegible] and even of the eight[illegible] contains many extraor[illegible]."[1] Why such em[illegible] should have held [illegible] so many centuries it is diffi[illegible]. The therapeutic results [illegible] been negligible. But pa[illegible] have medicine, and I sup[illegible] powdered hyena's liver did [illegible] for the plague as any of [illegible] pills and draughts which [illegible] recommendation.

[illegible] organotherapy, as we [illegible], must be directed in [illegible] the specific organ is [illegible] to the particular person [illegible] organ is absent or func[illegible] a rate. Diseases [illegible] to cure by or[illegible] in the true sense of [illegible] diseases, and our [illegible] depends entirely [illegible] the de[illegible] success in [illegible] established in [illegible] Murray in [illegible] thyroid [illegible] hypothyroid[illegible] Then, we [illegible] diseases which [illegible] of various [illegible] of new dis[illegible] Modern Medicine. eases to this group is today no startling occurrence. Thus far the list includes only those diseases brought about by the absence of, or imperfect functioning of, the glands of internal secretion: thyroid, adrenal, parathyroid, pancreas, pituitary, ovaries, et cetera. Accordingly, in order to establish a cure we administer extracts of the deficient parts; thyroid extract, adrenalin, parathyroid extract, insulin, pituitrin, and ovarian extract.

One might readily be led to include *pernicious anemia* in this group of organo-deficiencies. Here we have a disease which responds rapidly to the administration of liver or liver extract. Why not call it a liver deficiency disease? Well, for the sake of simplicity we shall, but I can assure you that this fact is far from established. At least the problem is much more complicated than the simple treatment of hypothyroidism by the feeding of thyroid extract. We can, at any rate, maintain one point with a fair degree of assurance; that *pernicious anemia is a deficiency disease.* Whether it be of the glandular deficiency, or vitamin deficiency type is, so far as we are concerned at the present time, a matter of academic interest. And indeed, the liver therapy of pernicious anemia is still, after a fashion, empirical therapy, but it differs from the empirical therapy of the ancients in that it has been demonstrated, by adequate experimentation on human beings, to be highly specific and extraordinarily efficacious.

The Disease—Pernicious Anemia

The anemia with which we are concerned was first clearly characterized by Biermer in 1872 when he described fifteen cases of what he

[illegible]

called a "progressive pernicious anemia." There are, of course, all sorts of anemias which may occur at any time between infancy and old age. The commonest of these are secondary to some other factor, such as hemorrhage or carcinoma, and consequently we designate them "secondary anemias." Contrasting with this type there is another group which we speak of as "primary anemias," for in these we are unable to find any preceding or accompanying disease which can be held to account for the reduction in blood elements. Pernicious anemia belongs to the latter group.

All anemias have certain features in common: the affected individuals grow pale, weak, and tire quickly; they experience palpitation of the heart and become breathless when they exert themselves; in the blood the red corpuscles or the hemoglobin or both are diminished in amount. But in addition to these symptoms, patients with pernicious anemia exhibit certain peculiarities which enable the physician to set them apart from other anemic persons. They are nearly always individuals in the later years of life; they are generally surprisingly well nourished; they complain of disturbances of the digestive tract, sore mouth, sore tongue, vomiting, diarrhea; they experience a very annoying numbness of their hands and feet, and sometimes lose the power to use their legs. A feature which has received particular attention in recent years is the peculiar inability on the part of the stomach of a patient with pernicious anemia to secrete hydrochloric acid; they have what is called "achlorhydria gastrica." Furthermore the blood of these patients shows quite characteristic changes: the red corpuscles are diminished out of proportion to the reduction in hemoglobin, and the individual red corpuscles, instead of being uniform and round, show great variations in size and frequently take on bizarre shapes, some looking like eggs, others like boats, others like pebbles and still others like grains of wheat. Experience has taught us that when all of these features are combined in a patient we can, with practically no chance of error, make a diagnosis of pernicious anemia.

Prognosis before Liver Therapy

UNTIL the recent era of liver therapy, this diagnosis pronounced the doom of the patient. When he had satisfied himself that other possibilities had been ruled out, the physician felt called upon to tell the family that death could not be far off. The patient rarely died immediately; on the contrary he frequently showed a remarkable temporary improvement, for it is characteristic of anemia of the pernicious type to pass through waves of remissions and relapses, much like the fever of malaria except that the individual waves of the anemia extend over a period of months rather than days. In spite of the remittent waves the general tide of health is always on the ebb; there is a tendency for each relapse to be more severe than the one which preceded it, and each time the remission is delayed longer and is less complete. Two or even three remissions are common enough but more than three rarely occur. A very important point to remember about [illegible]

[illegible] puts an end to the [illegible]

[illegible] when it was first de[illegible] progressive," pernicious [illegible] looked upon by au[illegible] uniformly fatal. It will [illegible] that Minot and [illegible] presented liver diet in [illegible] year Dr. Richard C[illegible] a review of his series of [illegible] of pernicious anemia. He [illegible] out of this number only [illegible] had lived longer than [illegible] Dr. Cabot said that he had [illegible] evidence that complete [illegible] ever occurs." He regarded a "supposed recovery as [illegible] suspicion on the correctness of the diagnosis."

[illegible] Methods of Treatment

S[illegible] inevitably fatal disease [illegible] attracted a great deal of [illegible] numerous clinical inve[illegible] and laboratory experiments [illegible] directed toward the discovery of its cause and the establishment of a cure. Over and over again [illegible] that this new medicine or [illegible] had remarkable [illegible] But each innova[illegible] a short-lived popularity [illegible] receded into the background [illegible] discovered that the [illegible] simply spontane[illegible] course of the ill[illegible] have been treated [illegible] and often rad[illegible] included ar[illegible] acid, glycerin, [illegible] and various [illegible] such as [illegible] had their vogue. Radical procedures were undertaken to discover and to remove foci of infection. Many patients were subjected to splenectomy. One group of individuals advocated daily cleansing enemata, with gastric lavage every second day. Another group advised opening the abdomen and irrigating the intestines through the appendix. Among all of the therapeutic measures suggested, only one, blood transfusion, stood out as being of any real worth. But the response to blood transfusion was always doubtful; persons with pernicious anemia seemed uncommonly liable to severe and sometimes fatal transfusion reactions and, even when they were most successful, injections of blood postponed death for only a short period of time.

Now, for some reason which is not immediately apparent, *diet* has always received great attention in the treatment of pernicious anemia. The gastro-intestinal symptoms were, I suppose, so prominent that the physician could not escape giving the dietary immediate consideration. Yet, though almost everyone advocated "diet," there was little or no agreement as to what it should contain. Some, because of the tendency toward nausea, vomiting, and diarrhea, constructed a regimen with small amounts of milk and soft foods as its basis. Others directed their attention toward the weakness and cachexia, and ordered forced feeding of large quantities of wholesome food. Still others tried to overcome the reduction in hemoglobin by giving a diet rich in iron. There were those who maintained that the diet should be high in protein, while others reduced the protein to a scarcely endurable minimum. One doctor would advocate "low carbohydrate," and another "low fat." It is apparent that most of these

measures were directed along general lines, they were supportive or protective and did not claim to be specific. There were, however, several specific dietary factors which received some attention. The first of these was bone marrow which was suggested in 1894 by Sir T. R. Fraser. Finally there came the vitamins, chief of these vitamin A which was being considerably studied at the time of the appearance of the first article by Minot and Murphy on liver diet.

The Transition from Old to New

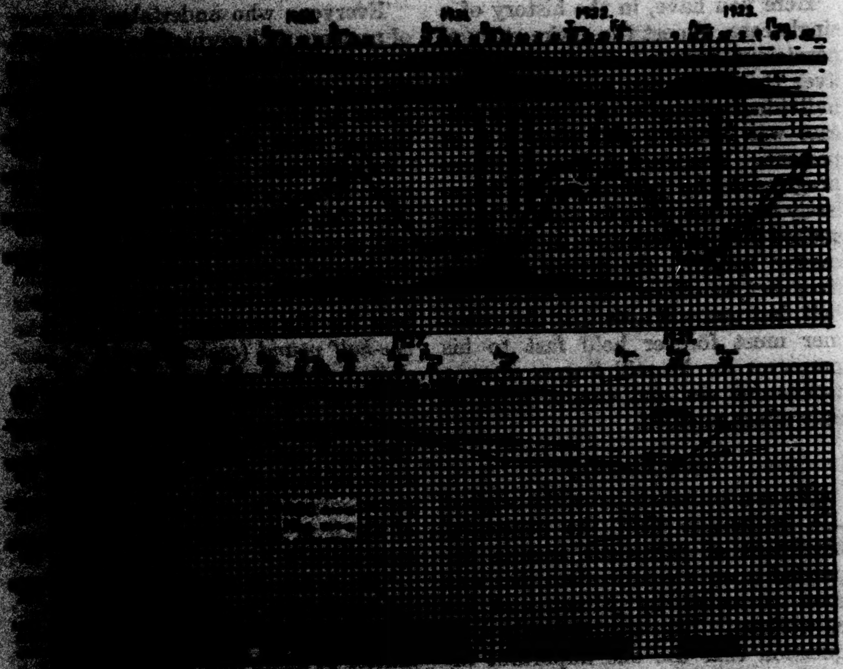
THIS transition was more instantaneous than gradual. For the medical world at large the change was initiated by the appearance, in August, 1926, of an article by Minot and Murphy—"Treatment of Pernicious Anemia by a Special Diet." In that original article it was not altogether clear that liver alone had accomplished the remarkable therapeutic results which the authors had observed in forty-five carefully controlled cases. The new diet, they told us, was "composed especially of foods rich in complete proteins and iron—particularly liver—and containing an abundance of fruits and fresh vegetables and relatively low in fat." I am sure that many of those who read this sentence found it rather reminiscent of the older and more haphazard diet lists. But the authors suspected then, and they and their co-workers have clearly proven since, that the one essential feature of the diet is its content of liver, and provided we give liver or liver extract in adequate amounts we may forget all about the complete proteins, and the iron, and the abundance of fruit and vegetables, and the low fat.

It was but natural that when Minot and Murphy added their diet to the long list of those which had preceded it, there were many skeptics. Only after a period of months, when these skeptics had had an opportunity to try the diet on their own patients did liver therapy begin to receive popular acceptance. In order to make clear the progress of events during this transition period I am going to relate the history of a patient. This man suffered for several years under the older methods of treatment but was fortunate enough to hang on to life until the summer of 1926, when we decided to make him the subject of a test for the Minot-Murphy diet.

Case

A CARPENTER forty-one years of age was admitted to the Johns Hopkins Hospital in September, 1918. His illness, which was of two years' duration, had begun with periodic attacks of nausea and vomiting. He had grown progressively weak, and for nine months had been unable to work. During the month before admission he had been particularly annoyed by [illegible] of his [illegible] and by a sensation of numbness in his fingers. When he was examined on the ward it was found that he was very weak and extremely pale with an unhealthy, yellowish tint to his skin. His tongue had a smooth, glazed appearance. Examination of his blood showed that he had a pernicious anemia, with [illegible] of hemoglobin [illegible]

[illegible]



[illegible] Pernicious Anemia Showing Course before and after Administration of Liver

[illegible] preceded the remission in [illegible] that the [illegible] in spite of, [illegible] Yet [illegible]

general appearance and his blood was at about the same level as had been noted at the time of his first visit. Instead of taking him into the ward, as we had done on the first occasion, we sent him home with advice to eat between three-quarters of a pound and one pound of liver (raw-weight) every day. It will be noted in the chart that this ambulatory form of liver therapy produced truly extraordinary results. Within a period of several months his blood had risen to a perfectly normal level, higher than had ever been observed before. As his blood returned to normal his symptoms began to leave him one by one, and after about a year on the new régime he felt better than he had ever felt since the onset of his illness and was performing regularly a full day's work. It is interesting to observe, however, that the [illegible] when he stopped taking liver in the summer of 1927, and again [illegible] in 1928, the old symptoms began to return. At the time of his last visit to [illegible], in November, 1928, he was taking liver regularly and was in excellent health.

Here you have, in the history of a single case, almost the entire story of pernicious anemia and the results of liver therapy. You see in this one individual examples of what the disease was formerly and what it is at present. You learn that as the disease progressed the patient swung helplessly from one wave to another, being sucked farther downward in each successive trough. By giving him the liver diet we offered him a sort of life belt; but you will note that the patient must forever hold fast to his preserver for he still lingers upon a treacherous sea and cannot hope to stay afloat unaided.

Liver Therapy

As was mentioned above, the original intimation that the successful treatment of pernicious anemia depended upon a combination diet was soon corrected by Minot and his co-workers. They established beyond question that the one important ingredient of the diet was liver, and that provided the intake of liver was kept above a certain minimal level the other dietary factors could be varied at will. From this point they went on to demonstrate that an extract of liver prepared in proper fashion would induce quite as excellent remissions as the whole, uncooked organ. Gradually this extract was purified and refined until a powdered product was obtained, a few grams of which were equivalent in potency to a pound of cooked liver. Work is still being carried on to analyze and further purify the extract. In the meantime we have, in liver itself and in the extracts already available, materials adequate enough to handle the everyday problem of the treatment of pernicious anemia. We shall consider briefly the manner in which these materials should be utilized.

Everyone who undertakes the care of patients with pernicious anemia has to remember two important points about the use of liver: first, that it must be given in large amounts; and second, that it must be given continuously. The physician or patient who enters upon the work half-heartedly—a little liver this week and none the next—will certainly fail to achieve success. Following experience with failures one is soon led to the conviction that it is best for the average patient to take *one-half pound (cooked weight) of liver* daily. Some undoubtedly can get along on less, but there are others who would appear to need twice this quantity (and even more) to attain maximum improvement. It is, of course, permissible to substitute for all or part of the liver an equivalent amount of liver extract.

The nurse or family who have to attend to the patient's diet will discover that it is not always a simple matter to make him take every day a half-pound or more of liver. At times difficulties may be averted by resorting to an extract, but even when one makes this substitution, unexpected obstacles are encountered. Generally when treatment is started the disease is in a stage of relapse; the patient feels miserable, has no appetite, and may be actually nauseated. A few mouthfuls of liver seem to fill his stomach to the brim, and the taste of liver ex- [illegible]

[illegible] distaste for it, and will [illegible] upon it as a disagreeable [illegible]. For the latter group the [illegible] rather dismal. No [illegible] with pleasure the [illegible] to take a half-[illegible] daily for the rest of his [illegible] physician may whip up the [illegible] appetite by revealing the [illegible] prospect of other relapses [illegible] discomforts, pos-[illegible], and eventual death. But [illegible] than the physician's words, will be the wares of the dietitian who, if she be ready with a large stock of recipes for preparing and disguising liver, can render inestimable service. During the past several years the variety of contributions from the diet kitchen has done a great deal to further the practicability and effectiveness of liver therapy. These contributions, together with a number of liver-substitutes which have been developed outside the kitchen, will be considered below. Before going on to them I wish to reiterate the fact that the patient's life and good health will depend largely upon the resourcefulness of the person who attends to his food, and that, whether he be given liver or liver-substitute, he must receive each day that which is equivalent to a half-pound of the former.

Liver.—Raw liver is about 70 per cent water, and it loses approximately half its weight when cooked. It is necessary, therefore, in order to provide the "half-pound daily," to purchase [illegible] twice this amount, or one pound daily. Veal liver be-[illegible] is the most [illegible], the most [illegible] of the large animal livers. [illegible], however, [illegible] probably has no [illegible] than that of the sheep, [illegible] or chicken. Any of these varieties of liver may be served to the patient raw or cooked. In using the raw material—especially pig's liver—one must bear in mind the potential danger of serving viable parasites (tape-worm, et cetera) with the food. Raw liver can be prepared in a number of ways; sliced and seasoned, ground and mixed with a flavouring vehicle. We generally prescribe it in the form of "liver-pulp" which has been run through the finest meshes of the meat grinder several times. This substance, after enough cold water has been added to bring it to the consistency of a heavy cream, is passed through a coarse sieve or potato-ricer and is then served in chilled orange juice or ginger ale. The preparations of cooked liver are innumerable: broiled liver, liver soup, liver sandwich, creamed liver, breaded liver, tomatoes and peppers and eggs stuffed with liver, liver and bacon, liver rolls, liver loaf, liver dumplings, liver with mushrooms, curried liver, liver en casserole, jellied liver, liver croquettes, Swedish baked liver, liver soufflé, liver hash, Mexican liver, liver salad, liver pudding, et cetera, et cetera. I cannot enter into the recipes for preparing these and a number of other liver dishes. I wish only to give a word of warning, that generally speaking those recipes which call for the most cooking are the least valuable. There is evidence to show that liver which is overcooked loses part of its potency.

Liver extracts.—Unfortunately, not all of the extracts which are offered on the market contain the necessary potent factor. It is essential, therefore, to be constantly on the alert to avoid those substances which have not been properly tested by competent individuals. In addition to this, before using any extract one must know how much of it is equivalent to a half-pound of cooked liver. For several years we have made use of the

[illegible]

powdered extract prepared by the Eli Lilly Company. This product was originally developed and tested by Minot and his coworkers, and its potency is unquestioned. It can be taken as a dry powder or tablet with [illegible] or liquid flavoring materials. A number of other active liver extracts are now obtainable in this country and abroad. At the Mayo Clinic good results have been accomplished by the use of a liquid extract. One difficulty with all commercial products is that their expense is too great for many patients to bear. For the man who cannot afford to purchase his medicine at the drug store, Castle and [illegible], utilizing ordinary cookbook procedure, have devised a simple method for making an effective extract in the home kitchen. (For preparation see *Journal of the American Medical Association*, June, 1929.)

Liver substitutes.—Along with liver other glandular meats, chiefly kidney and sweetbreads, have been used in the treatment of pernicious anemia. We have had no experience with their exclusive use over any prolonged period of time, but they are of great value for varying the diet and making it more palatable. Recently it has been discovered that pig's stomach, dried and powdered, is highly effective in bringing about a remission in pernicious anemia. This desiccated pig's stomach is now available on the market. It has also been found that muscle meat predigested by the stomach secretions of a normal individual will act in a manner similar to liver.

Prognosis under Liver Therapy

SINCE the summer of 1926 we have treated in the public wards of the Johns Hopkins Hospital upwards of fifty cases of pernicious anemia. We have kept in touch with most of these patients, and all of them, as far as we know, are still alive.

Four patients who were originally considered to have pernicious anemia have died; two of these were found to have carcinoma of the stomach, one had a strange anemia the nature of which was never understood, and the fourth had an abdominal tumor which was left unexplored because we could not obtain permission for operation or necropsy. We can, therefore, say that during a period of four years liver therapy has not failed us in a single instance of true pernicious anemia. Comparable successes have been reported from clinics all over the world.

If we contrast our recent results with those obtained by the older methods of treatment, we shall see what a powerful therapeutic weapon we have at our command. In 1912 French, in the Allbutt and Rolleston *System of Medicine*, reported that twenty-five out of forty patients who had come under his observation had died in less than twelve months. At that time the prognosis was scarcely as favorable as that of carcinoma; at present, the prospect of a return to good health seems to be about as great as it is in cases of [illegible]. With [illegible] the greatest danger is to be expected from complications such as pneumonia; with pernicious anemia the greatest danger is to be expected from [illegible]. But [illegible] apparently [illegible] and [illegible] liable to [illegible] treatment in a most [illegible] fashion.

Ground Liver and Liver Pulp Recipes

BERTHA M. WOOD

BEFORE grinding liver it should be trimmed free of skin and connective tissue. Then put it through the food chopper, using the knife which will give the desired-sized pieces of liver. If liver pulp is required, use the finest knife on the grinder. Then press the ground liver through a potato ricer.

One hundred and twenty-five grams of liver (¼ lb.), prepared in this manner, yield 94 grams of liver pulp which measures ⅓ cup or 4 level tablespoonfuls.

In the following recipes, unless cooking is specified, all liver is ground raw after trimming.

Liver à la King

¾ cup ground liver
¼ cup celery (cooked) chopped
¼ cup mushrooms cut in halves or quarters
2 tablespoons onion, chopped
2 tablespoons green pepper, chopped
2 tablespoons pimento, chopped
2 tablespoons butter
½ cup broth or water
¼ cup milk
1½ tablespoons flour
¼ teaspoon salt
⅛ teaspoon pepper

Simmer mushrooms, green pepper, and onion in butter until peppers are slightly wilted. Add flour, diluted with milk, then the broth, and stir until thickened. Add remaining ingredients and keep hot in a double boiler until ready to serve on toast.

Baked Liver

½ pound sliced liver
flour
1 cup cooked tomato
2 onions, small
¼ teaspoon salt
⅛ teaspoon pepper

Parboil liver 3 minutes. Then dredge with flour and season with salt and pepper. Place in [illegible] baking dish. Cook with sliced [illegible] with salt and pepper [illegible] over all. Bake in a [illegible] 5 minutes.

Boiled Liver with Onion Sauce

½ pound liver, unsliced
celery leaves
1 bay leaf

Cook slowly in salted water with celery leaves and bay leaf until tender. Remove skin, slice and serve with

Onion Sauce

¼ cup chopped onions
1 tablespoon flour
few grains pepper
1 tablespoon flour
¼ teaspoon salt
milk

Boil onions until tender, drain and to liquor add enough milk to make ½ c. Blend butter and flour together, add milk and simmer until smooth and thick. Add onions, salt, and pepper.

Boiled Liver with Mexican Sauce

Boil liver for 3 minutes, then slice.

Mexican Sauce

½ onion finely chopped
½ red pepper or pimento
¼ clove garlic
1 teaspoon Worcestershire
1 tablespoon butter
½ green pepper
½ cup tomatoes
salt and pepper

Simmer the onion in the butter a few minutes. Add remaining ingredients, cook 5 minutes, then add slices of liver.

Creamed Liver on Toast

½ cup diced liver
2 tablespoons butter
¼ teaspoon salt
few grains pepper
1½ tablespoons flour
¾ cup milk
1 teaspoon Worcestershire

Sauté liver in butter 5 minutes. Add flour, stir until blended, then add milk, stirring to keep the sauce smooth. Add Worcestershire, salt, and pepper and serve on toast or crackers.

Creamed Liver with Onions

½ cup diced liver
2 small or 1 medium sliced onion
2 tablespoons bacon drippings
few grains pepper
1½ tablespoons flour
¾ cup milk
¼ teaspoon salt

Brown onions and liver in bacon drippings. Add flour and when blended add the milk slowly. Simmer until liver is tender.

Liver Hash

½ cup raw ground liver
½ cup cold boiled potato, chopped
½ onion, small
¼ teaspoon salt
⅛ teaspoon pepper
¼ cup milk

Mix and brown each side slowly in a hot buttered frying pan. Turn and serve with catsup or horseradish.

Italian Spaghetti with Liver

½ cup cooked spaghetti or macaroni
½ cup raw liver, ground
2 tablespoons chopped onion
1 tablespoon chopped green pepper
1 teaspoon Chili powder (if desired)
½ cup stewed tomato
¼ teaspoon salt
⅛ teaspoon pepper

Cook tomato, onion, and green pepper with spaghetti. When done put layers of spaghetti, liver, and tomato in buttered baking dish. Reheat before serving.

Baked Omelet with Liver

2 tablespoons butter
½ cup tomato juice
few grains pepper
2 tablespoons chopped onion
½ cup chopped or ground liver
2 tablespoons flour
¼ teaspoon salt
¼ cup chopped celery
1 tablespoon chopped green pepper
1 egg

Melt butter, add flour and bubble together. Add tomato juice, stir until smooth and thick. Add the onion, celery, and pepper. Chill. When cold add egg yolk, fold in the stiffly beaten egg white, lastly the liver. Place in a buttered baking dish, uncovered, and cook in a hot pan.

Scrapple

½ cup cooked corn meal
½ cup ground liver

Mix hot corn meal and liver. Pack in a dish which has been dipped in cold water. When cold cut in slices ½-inch thick and brown in hot fat. Serve with syrup.

Liver Soup with Vegetables

¼ cup liver (uncooked) finely chopped
1 tablespoon onion, finely chopped
1 teaspoon parsley
1 cup tomato juice
¼ cup celery
salt and pepper

Cook onion and celery in salted water until tender. During the last few minutes of cooking drain so that there will be no water left. Add tomato juice, parsley, and liver; simmer 3 to 5 minutes. Season and serve with crisp crackers.

Stuffed Pepper

½ cup ground liver
1 tablespoon chopped onion
⅛ teaspoon pepper
¼ cup tomato juice
¼ teaspoon salt
buttered crumbs

Cut a large pepper in half lengthwise, or a slice from stem end of two small ones. Remove seeds and parboil in salted water 5 minutes. Stuff, cover with buttered crumbs and bake in a moderate oven until crumbs are brown. About ½-inch water in the bottom of the pan will keep them from becoming too dry.

Stuffed Potatoes

Cut a large freshly baked potato in half, lengthwise. Scoop out, mash, and fill one half of the potato shell. Fill other half with liver stuffing. (See Stuffed Peppers.) Top with buttered crumbs. Return both shells to oven for a few minutes to heat liver and brown.

Stuffed Tomatoes

Scoop out tomato leaving a ½-inch shell. Fill with liver stuffing (see Stuffed Peppers), cover with buttered crumbs and bake in a moderate oven until crumbs are brown.

Nutrition and the Health Program[1]

SISTER GONZAGA, R.N.

THE experience of the clinicians in hospitals has confirmed the findings of research laboratories and has also opened new avenues of research to the nutritionists. The physician in many cases now makes his principal treatment of disease a matter of diet, and for this reason the demands on the nurse are much greater in this regard than they were formerly. Within the hospital the dietitian has become an ever more important aid to the physician; in private practice and to a great extent in public health work, the physician must depend largely upon the nurse for help in carrying out a dietetic treatment. For this reason the nurse should have a real knowledge of food elements and their values, of digestion and absorption, as well as of preparation of food.

In the last generation diet as a controlling factor in disease has become a function of recognized importance and its place in the prevention of certain diseases has become clearer with every year of research work. Elaborate and numerous experiments with human beings have proved, over and over again, the direct relation of proper food to good health and of improper food to disease.

The great strides which have been made in the treatment of disease through diet in the past few years, and especially the wonderful discovery of insulin made by Banting and Best of the University of Toronto, make it increasingly necessary to give the nurse, in her training, the means whereby she may do her part in this [illegible]. This can be [illegible] by keeping her course in dietetics abreast of the times; by training her not only to understand the proper administration of the various specific dietaries as ordered in the hospital, but also to instruct patients that they must, even after dismissal from the hospital, carry out their physicians' dietary orders.

Until very recently ten or twelve lectures combined with diet-kitchen experience in the preparation of light, liquid, and soft diets, were supposed to give the nurse the necessary information in regard to food and dietetics. A few years ago this was perhaps justifiable as the science of nutrition was then in its infancy and quite limited in scope. The past fifteen years have seen a wonderful increase in knowledge regarding human nutrition, the metabolism of food, and its relation to normal and pathological conditions. Among the important developments in this period has been the study of the quantitative ratio of protein to other constituents of the diet. The fact that there are complete and incomplete proteins has been proven, and their relation to growth and health established. The rôle of mineral constituents and their relation to growth and certain deficiency diseases has been investigated and their importance is indicated by continued research at the present time. Discoveries of vitamins were made; first one vitamin, then a second, third, fourth, and now a fifth. The relation of these vitamins to certain deficiency diseases, to growth, reproduction, and maintenance of health, has been proved. Investigation of enzymes, chemical substances which bring about changes in the body, has cleared up many points regarding digestion.

[1] [illegible] Annual Institute of the [illegible] Nursing Education, April [illegible]

The discovery of thyroid extract, of adrenalin and, more recently, of insulin has thrown light on the way in which food is utilized. Insulin has come to make tolerable and profitable the life of the diabetic. These and many other facts have been contributed by our research workers.

It is now a well-recognized fact that the rôle of diet in the convalescence of the patient is of equal, if not more, importance than that of medication. To the bedside nurse is frequently left the decision as to what the patient shall be fed. For all these reasons, it is highly important that the nurse should have more than a brief course in this subject, and that the liquid, soft, and light diets should not constitute the sum total of her knowledge of dietetics.

She should be able, not only to fill a dietary prescription accurately, but also to observe its effects and report intelligently on them to the doctor. To know foods as she knows the uses and effects of medicines, and to use them as a means of maintaining and restoring health, is the big objective in the study of dietetics. To know how to make variations from the normal diet in diseased conditions, there must be a knowledge and practice of the factors which constitute the normal.

Health and efficiency are dependent, throughout the whole life span, upon a diet that is adjusted to meet the needs of the organism. This begins with the infant. Observations of school children by physicians have shown that approximately one-third of the children of the United States are suffering from malnutrition. The public health nurse therefore finds that malnutrition is one of her biggest problems.

For a number of years the American Dietetic Association has coöperated with the Committee of the National League of Nursing Education on the problems of the course of study in dietetics for nurses' training schools.

The course in dietetics is, for convenience, divided into two courses.

Course I.—The Elements of Nutrition and Cookery, consisting of 15 one-hour lectures, and 15 two-hour laboratory periods.

Course II.—Diet in Disease, consisting of 15 one-hour lectures.

In adapting the course to the needs of the professional group, the first or elementary course is planned to tie up, primarily, with the health motive. The course is a survey of the subject of nutrition, with special reference to its importance in the health field. The starting point is the human body in its present state. The proper functioning of the body is of more immediate interest than the building of it, since relatively little can be done to change the body structure of adults. Hence emphasis is given to the regulatory food constituents, minerals, vitamins, water and cellulose, by considering them first. Protein, *fats*, and carbohydrates receive due attention.

The first requirement for successfully teaching the science of nutrition, as the teaching of other sciences, is careful preparation. The instructor must be allowed sufficient time to do this if the classwork is to be interesting and worth while. In this connection it might be well to recall that the academic standards of schools and colleges demand at least two hours of preparation for each hour of teaching. The instructor can hardly be expected to make this preparation after a full day's service in the diet kitchen.

If the instructor is to make her subject vital and appealing, she must have her own classroom teaching enriched by an experience which will enable her to say, "I once had a patient who demonstrated such a case." For example:

[illegible] pellagra patients come to the ward in a weakened and emaciated condition of the entire body, with a beefy red tongue and copious flow of saliva with a characteristic odor; glove-like [illegible] on hands and feet; neck, elbows and knees sometimes affected. After feeding the regular pellagra diet, consisting of brewer's yeast, tomato juice, acidophilus milk, calf's liver, meat, fresh fruit and vegetables, eggs, whole milk, et cetera, in two days we see a marked improvement. The flow of saliva decreases and a white filmy coating of mucous membrane may be seen on the tongue. If diarrhea should develop, we switch off from this diet to a bland, non-residue diet until this condition is relieved.

In other words, every dietitian should have the privilege of seeing her cases as we do here. She must know and be able to cite concrete instances of what may be accomplished by dietotherapy. This cannot be done if she is confined to the diet kitchen and never permitted to follow up the results of her diets. A dietitian who makes rounds of the wards, seeing patients under her care and having an opportunity to adapt the diet to the patient, not only becomes a better dietitian but makes a better teacher. Consulting with dietary cases in the [illegible] department is also a means of enriching the dietitian's experience, and makes of her a helpful social worker in the community.

[illegible] and enthusiasm might be said almost to be contagious, so easily are they conveyed from one to another. The teacher herself must be [illegible] interested in her subject and [illegible] in her behavior. She [illegible] in her speech [illegible] if possible, be rested when she appears before her class.

Interest is vital to learning as it is the basis of effort. The nurses come with a "mind-set," a purpose, an interest, as is indicated by their having selected a vocation. Their professional interest is in the care of the sick and in prevention. It therefore remains for the instructor to foster this interest by tying up the classwork with this one big motive. I use some of the following ways and means of accomplishing this:

1. I assist the nurse to think concretely, to see her own nutritional needs, and to make the necessary corrections in her own dietary habits.

2. I teach how to apply the principles of nutrition to "cases" on the wards or at the clinics. I encourage the class to discuss these in the class or in conference.

3. I make use of "cases" as a project or an out-of-class assignment. For example: Let a student be responsible for the planning of the menus and if possible the preparation of the trays of a certain patient for a week; when children's diets are being studied, cases may be had by coöperation with the public health department, if there are few in the hospital. Coöperation with a social agency, day nurseries, and other organizations will produce an abundance of project material. The making of the menus for the nurses' home for a week is also an excellent project. This will not only be of educational value to the nurse, acquainting her with costs as well as nutritive qualities of foods, but will also familiarize her with the problems of the dietitian and will thus create a more understanding and sympathetic attitude.

4. When possible we take the class on observation trips to nutrition classes in the public schools or wherever available, to day nurseries, and to clinics.

5. We use illustrative material. Posters are excellent. These may be made or purchased. Many commercial firms supply posters, printed material, and exhibits for the asking. Supply reference material and make it easily available.

The building of attitudes is now considered to be one of the most important functions of education, since it is from life's attitude that decisions are made. Ideals and appreciations are also an important consideration for every teacher whether

she be a teacher of mathematics or nutrition. It is said that nurses usually "hate" dietetics. This should never be. If such is the case, it is usually because the teacher has failed to relate the subject to life, to link it up as a most vital part of the nurse's professional training. It is hoped that an appreciative attitude toward her own health may be fostered. Attitudes, ideals, and appreciations are among the "concomitant" or simultaneous learnings, i.e., the things that are acquired along with the main or primary learnings—the scientific skills and knowledges. They are the mental reactions that grow out of the primary issue, that are acquired almost unconsciously.

Among other concomitant learnings that may be expected from this course are attitudes toward the teacher (as a helper and friend or as a mere teacher); attitude toward science and research, toward health-building, toward standards of neatness, sanitation, and workmanship. It is important that the same standards of neatness, cleanliness, and workmanship shall prevail in the foods laboratory and the diet kitchen as in other parts of the hospital.

"Practice makes perfect." Repetition is necessary to learning, but mere repetition does not "make perfect." There must be motivation, purpose in the exercise and, as stated above, there should be satisfaction or annoyance. Reviews should be conducted in a way to give these effects.

We use: Pattee's *Practical Dietetics* as a textbook, with Proudfit; Wood's Weeks; Wheeler; Carter, Howe & Mason; *American Dietetic Journal*; *Hospital Progress*; *American Journal of Nursing*; Reprints, material from Battle Creek Sanitarium; Government bulletins; and the *Journal of the American Medical Association*.

The Pellagra Preventive Action of Canned Salmon

In connection with studies relating to the pellagra preventive properties of various food substances, the United States Public Health Service has recently announced that canned salmon (Alaska chum) contains the pellagra preventive factor. By reason of its potency in preventing pellagra and its availability in the preserved state, salmon may be considered a fit substitute for meat in the areas of pellagra endemicity where meat is not readily available. The demonstration of the pellagra preventive value of canned salmon furnishes further evidence of the soundness of the working hypothesis that black tongue in dogs is the analogue of pellagra in man.—From *Health News* of the U. S. Public Health Service.

The New American Disease

Tularemia is primarily an epizootic of wild rabbits and is caused by Bacterium tularense, which affects the liver and the spleen, producing decay of the tissue cells in these organs, evidenced by innumerable white spots from the size of a pin point to that of a pin head scattered over the surface, and resulting in death. Of the wild rabbits offered for sale in Washington, D. C., market Dr. Edward Francis examined the livers of 1,000 and found 10, or 1 per cent, to be infected [illegible]

[illegible]

Nursing Costs

A Study Made at the Charles T. Miller Hospital, St. Paul, Minnesota

PHOEBE GORDON

UNDER the system existing in practically all of the hospitals that maintain schools of nursing, the cost of nursing education is not an item separate from the cost of nursing care, for the reason that the former is definitely a part of the latter. The hospital does not pay for the education of the nurse in addition to providing nursing care for its patients; it provides the education as one means of paying for this nursing care. What we usually mean, therefore, in discussing school-of-nursing costs, is cost of nursing care, and it is cost of nursing care at the Charles T. Miller Hospital, St. Paul, that has been studied in the following report.

The period from which the figures have been assembled is January 1, 1929, to January 1, 1930, during which time the hospital had a daily average of patients of about 130 with a range of [illegible] to [illegible], and a nursing staff that averaged [illegible] graduates, 68 student nurses, and [illegible] preliminary students. The headings into which the expenses have been divided are as follows: (1) Housing, (2) Board, (3) Laundry, (4) [illegible], (5) Hospital care of sick students, (6) Miscellaneous expenses, and (7) Salaries of graduate staff.

It will perhaps seem strange that there is no item for teaching. This is due to the fact that the Miller Hospital student nurses are enrolled in the University of Minnesota School of Nursing, [illegible] science teaching is [illegible] the University of Minnesota [illegible] there are no science teachers on the payroll of the hospital. The teaching which is done by doctors in [illegible] subjects is given without charge to the hospital. The remainder of the teaching is done by graduate nurses, and their salaries are found included in the item "Salaries of graduate staff."

The first item, expense of *housing*, was assembled as follows:

Rent, interest on investment, depreciation, insurance[1]	$8,618.39
Repairs and maintenance	1,125.00
Heat	3,400.00
Light	1,380.00
Maid service in homes, 1 matron, 4 maids	3,750.00
House laundry	1,972.00
Total	$20,245.39

The item of *board* was estimated on the basis of 75 cents a day for each nurse. This represented the approximate cost of three meals at the Miller Hospital during 1929, including food and all operating expense connected with cooking and serving. In order to get an accurate estimate of the number of meals served to nurses, a count was made as to the exact number of nurses in residence each day in the year.

This resulted in the following figures:

Days of residence graduate nurses	7,630
Days of residence student nurses	25,339
Days of residence preliminary students	2,080
Total	35,049

At 75 cents a day, the total item for board is estimated at $26,286.75.

The *laundry* cost was figured by estimating what total of the laundry employees' time was given to doing

[1] Nurses are housed in two buildings, one owned by the hospital, the other rented.

nurses' laundry each week. Knowing the salaries of these employees, the expense was estimated at $4,[illegible].

The *uniform* bill for the Miller Hospital during 1929 was $174.25. It so happened that they had on hand quite a supply of old uniforms and aprons which were re-issued during the year so that this item is probably slightly lower than usual.

During 1929 there were 446 days of *hospital care given to sick nurses*: 51 days for graduates and 395 for students. Since the per diem per capita cost of hospital care at the Miller is estimated at $5.85, the total expense to the hospital for its sick nurses was $2,609.10.

Under *miscellaneous* expenses we included the following items:

Pins to graduating seniors	$67.00
Printing, postage, mimeographing	37.25
Estimated miscellaneous expense, not itemized	[illegible]
Street car fare for preliminary students going to classes at University	475.50
Stenographer's salary	720.00
Total	$1,[illegible].75

The total *graduates' salaries*, including superintendent of nurses and her assistants, head nurses, and general duty nurses, amounted in 1929 to $26,691.21.

The following is a brief summary of all of the expenses listed above:

Housing	$20,[illegible]
Board	[illegible]
Laundry	4,[illegible]
Uniforms	174.[illegible]
Hospital care	2,[illegible]
Miscellaneous	1,[illegible].75
Graduates salaries	26,[illegible].21
Total	$81,[illegible]

Since the Miller Hospital had a daily average of 130 patients, the per capita cost of nursing as based on the above figure is $1.73.

The second part of the study was to estimate the cost of nursing care if only graduate nurses were employed at the Miller Hospital. The exact number of nurses needed and the expenses in this case can, of course, only be guessed, but the items are given here in detail and are at least worthy of consideration.

Those in charge of the nursing service estimate that to carry on adequate nursing care at the present time, it would be necessary to employ 13 supervisors and head nurses, 69 general duty nurses, and 9 additional maids. One of the advantages to the hospital of employing graduate service, is that it may be adjusted to the daily average of patients more economically than student help. We are, therefore, assuming that during the entire year, the number of nurses might be so cut as to average 4 less, so that we have used the figure 65 rather than 69 for the general duty nurses.

The expenses for housing this group would amount to $15,450.00, figured by taking into consideration the smaller space it would be necessary to provide as compared with the student group.

In order to estimate the cost of board for this group, we multiplied the total number of persons (87) by 365, making a total of 31,755 days. We then deducted .6 per cent of that time for being off duty through illness, since the graduate nurse on duty in 1929 showed that percentage of illness. This reduced the days in residence to 31,[illegible] which was multiplied by 75 cents, the cost of each day's meals, making a total of $2[illegible].75.

The laundry was estimated on a proportionate basis from the cost of laundry during 1929. The total was $3,[illegible].

The item of uniform expense is, of course, omitted completely.

[illegible] number of days illness was estimated, as explained above, as 190 days at $5.85 for hospital care, making an expense of $1,111.50.

The miscellaneous items would probably all be omitted with a possible [illegible] item of $25 for unitemized expenses.

The salaries were estimated as follows:

13 supervisors and head nurses[1]	$17,400.00
65 general duty nurses.........	58,500.00
9 maids (nursing service).....	3,240.00
Total.........................	$79,140.00

The following is a comparative summary of the expenses under student or graduate service:

	Student	Graduate
Housing.........	$20,245.30	$15,450.00
Board...........	26,286.75	23,648.75
Laundry.........	4,578.40	3,871.50
Uniforms........	174.23	0.00
Hospital care....	2,609.10	1,111.50
Miscellaneous...	1,339.75	25.00
Graduates' salaries........	26,691.21	79,140.00
Totals.........	$81,919.83	$123,346.75

The third part of the study was to estimate the expenses of nursing if the students were paid on an hour basis for their work, but in return paid all of their own maintenance and other expenses.

In the year 1929 an average of about [illegible] nurses, students, and graduates were given housing and board at a total cost of $[illegible].14, or approximately $[illegible] a month. If, therefore, each nurse was charged $40 a month, which is a normal charge made to a student attending the University of [illegible], the hospital is assured of being fully repaid with an appreciable surplus.

In addition to returning to the hospital the cost of student maintenance, the fund made up from the students' earning should repay the hospital for any formal instruction given to the students, for students' laundry, and for any other expenses incurred by the students themselves. It may be assumed, that the entire salary and maintenance of the nurse instructor should be repaid, and that such a proportion of the head nurses' salaries and maintenance as represents the time they spend in a definite teaching program as differing from their work in hospital administration and general ward supervision. As a basis for the following study let us assume that one quarter of one head nurse's time in each department is, or should be, spent in formal teaching, so that the students' fund should pay one-fourth salary and maintenance of the head nurses and dietitian, full salary and maintenance of the instructor, full salary of the school office stenographer, and probably one-fourth salary of the superintendent of nurses.

In 1929, student nurses, exclusive of probationers, gave 23,232 days of service. Assuming that probationers were of no use to the hospital and, therefore, not paid at all, it would seem fair to estimate the earnings of the others at 35 cents per hour for an average 7½ hour day, or $2.62 a day. This would make a total earning for the year of $60,867.84.

In figuring the board and housing to be paid, we have included the preliminary and probation students who should pay for their maintenance even though they are as yet earning nothing. With these included, the average number of students in residence during 1929 is about 90.

A summary of the expenses if the hospital were to be run on such a plan would be as follows:

[1] [illegible] of a nurse and her [illegible]

[illegible]

	Receipts
Maintenance, students........	$38,400.00
Maintenance, 1 instructor; ½ maintenance, 9 head nurses; ½ maintenance, 1 dietitian; ½ maintenance, 1 supt. of nurses........	1,620.00
Laundry, students........	3,600.00
Uniforms........	174.23
Hospital care, students........	2,310.75
Miscellaneous........	1,314.75
Graduates' salaries........	4,372.00
	$51,951.73

	Expenses
Maintenance........	$46,[illegible].14
Laundry*........	4,[illegible].40
Uniforms........	174.23
Hospital care*........	2,[illegible].10
Miscellaneous........	1,[illegible].75
Graduates' salaries........	26,[illegible].21
Undergraduates' salaries........	60,[illegible].84
	$142,787.67
	51,951.73
	90,835.94

* For students and graduates.

A final comparison between these three ways of supplying nursing care is as follows:

Expense to hospital under present system during 1929........	$31,919.83
Probable expense to hospital if undergraduates were paid...	90,835.94
Probable expense to hospital if graduates only were used....	123,246.75

Economic Aspects of General Duty Nursing

Its Relation to the Hospital

CELIA CRANZ, R.N.

It is the aim of this discussion merely to set forth the experience of one hospital with its general-duty-nursing staff. It attempts no solution of a nursing problem for other institutions, but if any suggestions here made can be found to be of any value, or if it stimulates further thought on the subject, it will have fulfilled its mission.

Our hospital is general in nature, furnishing medical, surgical, and obstetrical services. A school of nursing has been connected with it since 18[illegible], when there was a daily average of about 20 patients. By 1917 the institution had grown to have a daily average of about 125 patients all of whom were cared for by student nurses. With that year came the first general duty nurse, and now the hospital employs some 40 nurses in this group. Owing to lack of adequate available records, we shall base our study on a representative five-year period beginning with 1925.

During this five-year period there was a daily average of 184 patients, 28 graduate general duty nurses, and 67 student nurses. There was one graduate nurse to each 2.39 students. We estimate that our 28 graduates cared for 38 per cent of all patients who happened to be [illegible] patients. The average annual sum paid in maintenance and salaries to these 28 graduate nurses amounted to $[illegible].91. The average annual sum paid in maintenance, [illegible], and allowances to 67 students amounted to $[illegible]. In this study we estimate that the maintenance of a graduate equals the maintenance of a student and amounts to $[illegible] which is the figure arrived at by Miss [illegible]'s Committee in its study for the

National League of Nursing Education.[2] For the sum paid to the 28 graduate nurses we could have maintained and educated 38 students. This number added to our original 67 students would have totalled 105 students who could adequately have cared for our 104 patients.

Supposing the student to be 64 per cent as efficient as the graduate (Miss [illegible]'s estimate), 105 students would have been the equivalent of 67 graduates. To 67 graduates we should have paid in salaries and maintenance $130,477.49, while to 105 students we should have paid in maintenance, education, and allowance $104,903.94—or $25,573.55 less than we should have paid to the graduates.

The above figures are based on the following salary schedule. Nurses on day duty receive $80 per month and those on permanent night duty receive $90 per month with maintenance. An increase of $5 per month is made after one year of service. $15 per month additional is allowed if the nurse must live outside of the nurses' home, but meals and the laundering of uniforms are still furnished by the hospital. Nurses are on duty eight hours daily with one-half day each week and one whole day each month off duty. A vacation of two weeks is allowed each year with pay, providing the nurse remains in service.

The graduate staff is carefully selected by the hospital. A letter of recommendation is required from the school which graduated the nurse, and a second letter testifying to the nurse's personal character and professional ability is required from another responsible person who is in a position to judge these characteristics. The nurse must be a graduate of an accredited school of nursing and must be eligible for registration in Ohio.

Students receive an allowance of $8 per month after the preliminary period for the balance of the first year, $10 per month is allowed during the second year and $12 per month during the third year. Full maintenance is given students during the entire course, and a three-weeks vacation is given each year.

The fact that our student service would cost $25,573.55 less than graduate service during our five-year study leads us to conclude that, where a school already exists, student service is more economical for the hospital.

General duty, which came into our institution as a response to a need for more nurses, has been an excellent thing for the school. Though we claim to be a general hospital, about 60 per cent of our service is surgical. The graduate staff has cared for the extra surgical service, and *this has allowed the student to graduate with a better balance of services than would otherwise have been possible.*[3] We hope always to staff certain of our floors with graduate nurses.

The majority of superintendents of nurses who have had experience with both graduate and student groups prefer to manage the student group. Perhaps it is easier to manage, certainly it is more amenable to correction and discipline. It is also more stable. Each student arrives with the intention of remaining in the school for the full period of her training, but it is difficult to say with what intentions the graduate arrives. Our five-year study shows that during that period we employed 215 nurses. Of that number 149 resigned, 20 were dismissed, and 6 left without notice. The average length of service was found to be approximately six months.

[2] The American Journal of Nursing, September, [illegible], p. [illegible].

[illegible]

[3] [Italics ours.—Editor.]

One general duty nurse had been in our employ nine years and seven months, and we have also had one who remained just one day. The most important reasons for resigning were as follows: (1) desired change of work, (2) home responsibilities, (3) marriage, (4) illness, and (5) to take postgraduate work. The most important reasons for dismissal were: general unfitness for the position, due to lack of professional background and lack of proper responsibility for her work, and unfriendly to the hospital as, for example, following the capping of a group of preliminary students.

I am of the opinion that other hospitals have similar experiences with their general duty staff. This tremendous turnover in nursing personnel is significant and indicates that there is something seriously wrong with general duty, or at least as we have handled it in our own institution. We should probably attract more desirable applicants into the field if salaries were increased, or if living conditions and conditions of work were improved. It seems that hospitals have considered general duty a necessary evil to be replaced as soon as possible with student service. We have tolerated general duty but not studied or improved it. The question which ever comes to me and is never satisfactorily answered is this: If student service is so satisfactory, why is the service of these same students so poor after their graduation? I believe that a large share of the responsibility for improvement here rests with the organization.

Perhaps our graduates would be less expensive if we made them more efficient. We believe that maximum efficiency can be secured only if the institution employing the graduate definitely aims to make her efficient. To accomplish this it would seem necessary first of all to have good organization throughout the hospital in all departments. If the graduate nurse fails to organize her own work well, shall we blame her, unless we have first made organization possible for her? In the second place, are our head nurses sufficiently capable and efficient? Water does not rise above its source neither will the average general duty nurse accomplish more than is expected by her superior. In the third place, is our staffing adequate? We have observed that just as soon as the graduate receives an assignment of duty which she cannot accomplish, just that soon do we receive complaints from that service. The character of the work suffers, and the morale of the entire service becomes disrupted. Last of all, we have discovered in our experience that it is unwise to mix student with graduate service on the same station. Graduate nurses sometimes show too little respect for the established routine and procedure of the hospital, and the student has set before her an example which we do not wish her to copy, but which she invariably does. We have, therefore, assigned our graduate nurses to stations not assigned to students and results are better.

As the care of patients is the chief function of the hospital, the quality of its nursing service must be maintained, whether it be student or graduate service. We believe our graduate service could be improved if we were to make the same effort as we make to improve the student service. While it is true that we do not expect to train the graduate over again, we owe it to ourselves to see that she is properly adjusted to her new work, that hospital routine and procedures are properly explained to her, and that we offer sufficient encouragement for her to remain in our employ.

General duty has been developed to a high level of efficiency on four of our private room floors. Patients have indicated their entire satisfaction with it, although we must admit that on a [illegible] the service could still be improved. It follows that the patient who is able to pay receives the skilled service, and the patient less able to pay is well nursed in the ward by the student group under careful and adequate supervision. This high level of efficiency on the part of the graduate has, however, not been achieved without a good deal of selection, education, and effort.

In our institution as in other institutions the student must move from one service to another just as soon as she becomes really efficient in the first service, whereas the general duty nurse, having been assigned to a certain service, remains there permanently and is not subject to change except as emergencies arise. Patients appreciate this permanency. Why should we not furnish it to our private-room group?

Now that we have shown that graduate nursing service is more expensive for the institution than student service and that it is not always the most satisfactory, what remains to be done about it? Obviously the economical thing for the hospital would be to eliminate the graduate group. However, the Grading Committee states that we are already oversupplied with nurses, and is recommending that we reduce the number of students graduating from our schools. If their recommendation be carried out it will mean the employment of more general duty nurses by these institutions and cost of nursing service must necessarily rise. It seems to be high time that we improve our graduate service to a high standard of efficiency and at the same time educate the public to pay for it. If the public becomes willing to pay for a satisfactory graduate service (and we observe that it already employs a great many special nurses) it would follow that general duty nursing could be made economically sound for hospitals.

Our conclusions from this study are as follows:

1. General duty is an added expense to a hospital where a school already exists.
2. General duty is a safeguard to the education of the student and, therefore, should be maintained.
3. General duty service could be carried to a high level of efficiency if organizations were to make a worth-while effort.
4. General duty can be made economically sound when the public has been educated to pay for it.

The Public Health Nurse for December

Official Magazine of the National Organization for Public Health Nursing
(May be had in combination with the *Journal*)

A Christmas "Least One" on Hell-for-Sartin, [illegible].
[illegible] Responsibility for Care of the Mater[illegible], Marian H. Douglass.
[illegible] for the Prenatal Period, [illegible].
[illegible] by a Public Health [illegible], Erna Kowalke.
[illegible] of Nurse to Maternal, Infant, and Pre-school Health, Richard A. Bolt, M.D.
Teaching Nutrition to the Prenatal Patient, Blanche Dimond.
Should we Say "Venereal" Disease?, Walter Clarke, M.D.
New Approach to Social Hygiene through Public Health Nursing, Edna L. Moore.
Reactions of Infants with Reference to Health Behavior, Johanna Eggers.

A Practical Ice-Cap Cover

MARIE VILLING, R.N.

HOW often, after filling an ice cap and placing it on a child's head, have you come back into the ward only to find the ice cap

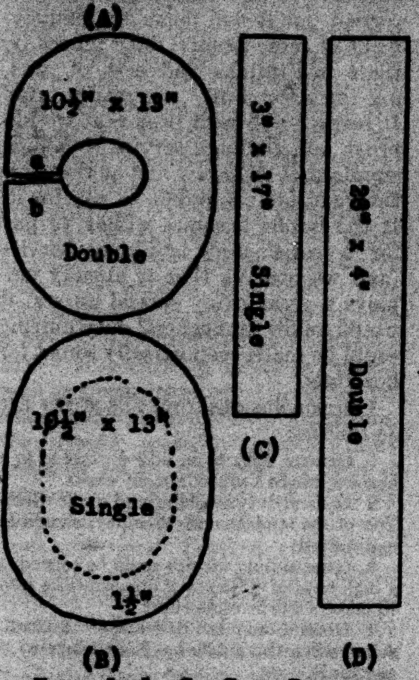


FIGURE I.—ICE-CAP COVER PATTERN

at the foot of the bed or lying on the floor instead? It often happens when the child is restless or delirious, as in the case of a skull fracture, or when he is too young to understand. If the ice-cap is suspended over his head he is apt to roll away from it.

The drawings illustrate a muslin ice-cap cover which was designed to take care of these difficulties. It stays in place and the child is not worried.

Figure I is the pattern. (A) is a double thickness of light-weight muslin, 10½" x 13" (oval) cut open on one side from the outer circumference to a circular opening (3½" x 3½") in the center through which the ice cap is admitted. Tapes should be sewed at a and b for tying in the ice bag. The oval (B) is the lower section of the ice-cap cover as well as the crown of the cap and is of a single thickness of muslin. (D) is a band of two thicknesses of muslin which is stitched to (B) 1½ inches from the outer edge (indicated by dotted line). The two ends of (D) are not joined together where they meet at the front which makes it possible to adjust the band to fit the child's head. (C) is a single thickness of muslin hemmed. One is attached at each

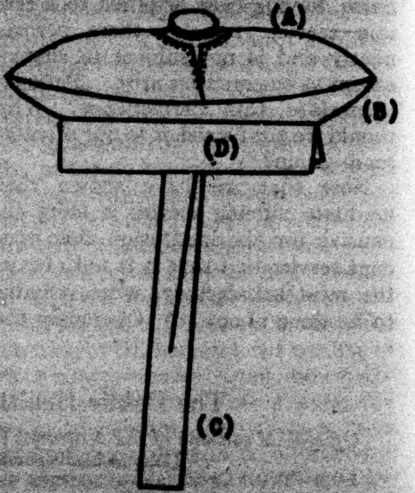


FIGURE II.—SIDE VIEW OF ICE-CAP COVER, ICE CAP IN PLACE.

side of (D) to be tied under the child's chin. Figure II is a diagram of the side view of the ice-cap cover, showing the ice cap in place, the opening in the band (D) in front and the tie for the right side.

Nursing Speaks[1]

Advocating a Campaign of Casual Conversation

VIRGINIA McCORMICK

EMERSON once said, the man in the street does not know a star in the sky. Now, we are concerned not with pictures but with practicalities, not with philosophies but with facts, and with the presentation of these facts in such a way as to produce a maximum benefit to mankind. It is for us, therefore, to take this phrase in its literal challenge.

If the people down in the canyons of streets that mark our cities do not know the stars, it may be because no one has pointed out to them the heavens. Their senses are filled with the traffic of life pressing about them. Their treading of the streets is purposeful and absorbs their waking moments. There are distractions, too, down there on the streets and within the walls of buildings.

They will not look up, many of these people, to find the stars unless someone points the way. They will not come to know the stars unless someone tells them those facts wrested by patient science from the illimitable. And even when these are written for them to read and are told by a narrator and are drawn by artist's pen, they will retain, this mundane multitude, only such facts as they can interpret in terms of their own experience.

The people in the street do not care to know their distance from the bronze Arcturus. They have no interest in knowing that combination of gases causes Sirius to blink his blue dog's eye upon a wintry world. Enough for them that they can call the stars by name, enough that when they want the stars, they have only to lift up their eyes.

What is true of a science is far more true of a profession for, according to the Flexner criteria, professions "derive their raw material from science and learning. This material they work up to a practical and definite end." It is through these practical adaptations that the layman derives tangible benefit and by which, therefore, he judges the profession. It is in these professional practicalities, indeed, that lies his sole interest in that direction.

But if he is to benefit by the science and learning of that profession, the layman must be cognisant of its available resources, an informed state possible only with the coöperation of the profession involved. Reciprocally, we doubt whether the practical and definite ends of any profession can be achieved without the understanding coöperation of the public.

That body of information which serves often as the only contact between a profession and the majority of laymen is casual, inaccurate, superficial at best. The layman does not know medicine or law, nor does he care about them except as they affect his life directly. He may be informed of traffic regulations or the legal implications of a lien. He may observe the rule, *consult your doctor first*. But there his interest ends.

The same is true of nursing. It is a regrettable fact that a very considerable portion of the public is ignorant of the simplest practical information which should be at its disposal against the day when nursing care is needed.

[1] Read at the annual meeting of the New York State Nurses' Association, Syracuse, October [illegible].

We are told, for instance, that there are laymen who do not know the meaning of the words, registered nurse. We have known families of modest income distressed over the problem of whether to retain the costly special nurses when the patient is out of danger. We even have heard of a citizen who searched the telephone directory for the official registry and was unable to decide which registry to select because to his lalo eyes, they all looked alike.

Quite evidently, this lack of information is hurtful to both the public and the nurse. It is equally evident that to remedy this lack of information is not to indulge in publicity in the sense of self-exploitation. Confusion as to the meaning of the word, publicity, has, in fact, been a deterrent during the past few years from furthering the relations of nursing with its possible patients. Nurses have pictured to themselves publicity in terms of sensational headlines, spectacular stories and the exploitation of personalities. And they have avoided it.

I wish we might erase the word, *publicity* from the nursing vocabulary, and in its place substitute, *public information*. Nursing is not promoting its own ends for commercial gain. It is not a philanthropy to popularize its appeal. Nursing is the answer to the need of human beings for care in sickness. It exists for the public and belongs to the public. To the public, therefore, belongs the right to know those facts about nursing of which it should be aware for its own protection. And nursing, on its part, can progress only in terms of public understanding and coöperation.

What are these facts that the people in the streets should know? Simple practicalities, first of all—how the patient can get a nurse when he needs one—the fact that for his own protection he must see the credentials of that nurse—the types of nursing service that are available. These are among the more obvious facts which should always be before the people in the street. But public information must be broader than this if nursing is to retain public confidence at this difficult period of its evolution.

To every plaint of too many nurses, for example, there must be such a heartening answer as that of Dean Goodrich, "I never expected to live to see enough nurses," thus placing the problem in its relation to nursing development. For, if there are too many nurses in one or more fields of nursing, or if there is the danger of over-supply within the next decades, then nursing, as the next step in its evolution, will take steps to curb this supply. And these steps will appear to the public drastic or undesirable, unless the public mind already is prepared to welcome such changes.

We have taken for granted all these years that the public knew as much about nursing as was necessary. Now we realize that for most of the public a nurse is a woman—preferably young and pretty—in a becoming white uniform and cap. And we know that though, through the experience of receiving nursing care, this image often is superseded by a picture of quietly efficient service, this picture also may be distorted by memory of the high cost of nursing care, or by one or number of those impressions of nursing which can be misunderstood so readily when the facts are lacking.

The time is past when we can take for granted any relationships of nursing and the public. Nursing has entered a period of positive and directed energy which affects every nook and cranny and spreads to every outpost of its professional life. It is

facing facts today and is searching itself fearlessly to discover its true status. As a result of the facts brought to light by the Grading Committee, of the present probing into unemployment, of the broadened definition of registry responsibility evolving from the registry study, nursing may emerge with many of its physical aspects changed.

In this transitional period, we cannot allow ourselves to ignore the purchasers of nursing service. Across the whole page of current nursing, in education, in organisation, in its services, is written the word, *change*, a word which now, as often already in nursing history, cannot be put into effect without public understanding and support.

Public information, therefore, becomes today a major obligation in nursing. It is essential for public and for nursing alike that the people in the streets become actively aware of nursing problems. It is an imperative that the public be given a clear simple picture of modern nursing, not as nurses see their profession but as that profession affects the public. Then, when the coöperation of the public is needed, the laity will take its place by the side of nursing with understanding and support, as it has done in the past.

We venture to make these prophecies because, after all, nursing as a profession is only feeling those growing pains which are a part of all professional development. The history of other professions, in their youthful stages, is paralleled in outstanding [illegible] by the expansion of nursing. And in those older professions there also is a history of public support, of [illegible] of professional schools in [illegible], of the acceptance by the [illegible] of the specialist in medicine supplementing the general practitioner, of other adjustments accepted and approved in helpfully tangible fashion when the public was taken into the confidence of the profession and made to understand.

Now, if public information becomes a major responsibility in nursing, it becomes in direct ratio a personal responsibility of every nurse. Much has been said and written in recent months of the value of an organised program in public information. With limited funds, limited personnel, and the constant pressure of innumerable demands, such a program in many states and districts is, as yet, difficult of accomplishment. For the same reasons, the work of public information at National Headquarters is, relatively, as limited.

Nursing, however, has a contact with the public, unique among the professions, in the nurse herself. Nurses come in touch with segments of the public every day of their professional lives, a far more intimate, personalised contact than that of other professional persons. Executives and administrators have their series of contacts, extremely valuable since they include that portion of the laity which is interested—sometimes even informed—on nursing matters.

If every one of the 13,000 members of New York State Association, if each of the 361 League members, were to go about her daily work, making use of every opportunity to tell the public about nursing, it would not be long before there would be developed a public conscious of nursing, interested in nursing, and finally informed in nursing matters. We all have heard of the sinister and abhorrent effects of a whispering campaign. What we advocate is the development of a friendly and genuine interest through a *campaign of casual conversation.*

Such a program would presuppose

[illegible]

13,080 New York nurses thoroughly informed about their own profession. It would presuppose that tactful approach to the individual which should be as deeply inculcated in the nurse as the principles of asepsis. Then, public information as practised by the individual nurse, would resolve itself into a day by day application of common sense in this regard, slipping into a chat the seed of interest, explaining over a cup of tea the cause of the source of irritation, making use of the idly placed question of the patient to arouse his interest, of the concerned query of his family to give them the information they seek, of any one of the innumerable opportunities which arise for telling the story of nursing to those who do not know.

Individual nurses have done this always. Many an executive or administrator has striven valiantly to educate her board or committee members. Since the need for public information has become apparent, many a nursing leader with access to the local press has tried to develop her local news items into broader information, or through talks to the lay groups of her community to build up a public consciousness of nursing. But, until now, this has been the effort of individuals. Substitute for these scattered efforts a nation-wide movement in public education and the momentum inevitably will spread abroad the picture of modern nursing.

The service of public information of the American Nurses' Association needs the nurse with her campaign of conversation. An organized program of public information such as that being conducted at Headquarters, can reach the public through the newspapers and magazines, through bulletins and radio talks. But it is the individual nurse who meets the public directly and who, if she works as part of this concerted movement in public education, can play an important part in interpreting nursing to those about her, by the pleasant friendly means of casual conversation.

Now, what is it we want to tell? This is what we consider our objectives in the official public information service. We want the possible patient to know of his available nursing resources, the simple facts necessary for his own protection. We want the public to know that nursing is going through a period of rapid change, the result of rapid growth, which, in turn, is the answer to the great public need for nursing care. We want the interested layman to fit the nursing problems of today into their place in nursing development.

Think, for instance, what has been done by nursing since the early Nineties: Nurse practice acts in every state; schools of nursing spread throughout the country; public health developed; nursing education making its bow as university schools. Viewed in the light of their place in nursing evolution, the most serious questions of education or distribution of service are not sensational situations but become so many problems to be faced, met, and answered as other equally serious problems have been solved before them.

Public information, after all, is only a matter of the telling. The doing has been and is being carried through by nursing which today as always is doing its utmost to keep faith with its public, to produce only qualified nurses, to adapt itself to the needs of sickness as they change with the social order, to improve and perfect the quality of its technics and the product of its schools.

Nursing is keeping faith with the public. But it is time to tell its story to the people on the streets.

The Nurse's Responsibility in Diphtheria

VIRGINIA BOYER MILLER, R.N.

(Continued from the November Journal)

ALMOST more important than the treatment of disease is its prevention. Prevent diphtheria and there will be no need for treatment. This should not be too difficult, because accurate and simple methods for bacteriological diagnosis of cases and carriers are known; a specific susceptibility test is available by means of which those susceptible in any group may be discovered; and lastly there are two methods of prophylaxis which allow choice between speedy or slow procedure.

Prevention and Control of Diphtheria

THE measures of diphtheria control may be outlined as follows:

A. *Prompt diagnosis and treatment* with antitoxin has been discussed at length under treatment.

B. *Immediate reporting* of the disease.

C. *Isolation* of the patient until two throat cultures taken twenty-four hours apart are negative. These cultures should not be taken until the temperature has been normal for ten days. Occasionally when it is impossible to make these, sixteen days from the onset of the disease may be allowed. Isolation naturally includes the important nursing technics of:

1. Concurrent disinfection—all discharges from the mouth, nose, ear, eye, vagina, or open wounds are collected in paper napkins, put in a paper bag and burned. The linen is put in cotton bags and the dishes sterilized by boiling.

2. Terminal disinfection—a cleansing bath is given the patient. The bedding is either sterilized by autoclaving or exposed for [illegible] to light, air, and sunshine. Blankets and linen are washed. The room or unit may be cleaned with soap, water, and "elbow grease." Air and sunshine help.

D. *Immunization to diphtheria* is the most important factor in the campaign against diphtheria. As mentioned above, there is choice of two methods. Either an active, acquired, and more or less permanent immunity may be obtained by the use of toxin antitoxin; or a passive, acquired, and temporary immunity may be obtained by the use of antitoxin alone.

Active Acquired Immunity

ACTIVE acquired immunity is produced by the use of toxin antitoxin. Three injections of 1 cc. of toxin antitoxin are given subcutaneously, or preferably intramuscularly, one week apart. They should never be given ten to fourteen days apart on account of the danger of anaphylactic shock. Ten to fourteen days is the incubation period for an anaphylactic shock to horse serum. Ninety-five per cent of those receiving the three injections are immune within six to twelve weeks, and the immunity lasts many years, perhaps permanently. Negative Schick tests are often obtained after six to seven years. This test for immunity should be repeated three to six months after the last injection. If it is still positive, one more injection is given, or two more for a marked reaction. The test is again repeated after another three months.

Of what does toxin antitoxin consist? It is diphtheria toxin neutralized eighty-five per cent by antitoxin. This mixture should not be kept too long before it is used as the chemical union is not perfect. There is a

gradual dissociation and the toxin is liberated. There is little reaction from the administering of the mixture, as the toxin is liberated in the body by very slow dissociation and antitoxin is built up by the body as the toxin is liberated.

How does toxin antitoxin cause immunity to diphtheria? The toxin stimulates the body cells to produce antibodies called antitoxin. (See Fig. V.) Then if the diphtheria bacilli come along, the antitoxin meets them first, combine the white cells to dispose of them, prevents them from forming toxin and toxone, and thus no disease results. (See Fig. VI.)

Whom should be given toxin antitoxin?

1. All susceptible children six months to five years old should be immunized. In fact, the per cent of susceptibility in this age group is so high that all children are generally immunized without a Schick test. They object less to the subcutaneous toxin antitoxin than to the intracutaneous Schick test.

2. All children five to twelve years should be immunized if not reached in the first group. The Schick test may be performed if desired as several are acquiring immunity.

3. In children twelve years and up the Schick test should be made, as a negative shows there is surely sufficient immunity.

4. Doctors, nurses, and attendants should have toxin antitoxin preceded by a Schick test.

The value of toxin antitoxin is well illustrated by this table from the City of New York Department of Health for January 25, 1930:

Value of Toxin Antitoxin.—Intensive campaign last year in Bellevue-Yorkville Health Demonstration:

	Per Cent
City as a whole:	
Reduction in number of cases......	20
Reduction in number of deaths.....	36
Demonstration area:	
Reduction in number of cases......	34
Reduction in number of deaths.....	70

While mentioning toxin antitoxin the anatoxin of Ramon should be discussed. It is the toxoid previously mentioned and is widely used in France. It is hoped that it will eventually replace toxin antitoxin in the active immunization of man.

The arguments for anatoxin are:

1. It has powerful, quick, immunizing properties. It can be concentrated so that the antigenic property is increased about forty fold. In rabbits antitoxin can be detected nine days after the injection of anatoxin, and guinea pigs show a negative Schick test in eleven days.

2. It is perfectly safe—there is no toxin.

3. The immunity results are more complete.

The argument against anatoxin is:

1. The reaction from anatoxin is more severe, attributed to the protein of the diphtheria bacillus in culture media. An effort is now being made to concentrate anatoxin to get away from these proteins.

The Schick Test

WHAT is the Schick test which has been mentioned above? It is a measure of immunity to diphtheria. One-fiftieth of a minimum lethal dose of diphtheria toxin dissolved in 2 cc. of saline solution is used. The skin of the right forearm is sterilized with dilute alcohol. A small sharp needle is used and a tuberculin syringe. The injection is made intracutaneously—into the skin. A small tumor forms about the point showing up the pores of the skin—if the needle is not leaking or the fluid going subcutaneously. The left arm is used as a control. The same amount of toxin solution, but heated before injection for ten minutes at 75 degrees C. to kill the toxin, is used. It is important that a control be used to show false reactions. The results are interpreted as follows:

1. A positive reaction means that there is not sufficient antitoxin to protect against diphtheria, less than one-thirtieth unit per cubic centimeter of blood. The reaction is a circumscribed hyperemia. An infiltration the

[illegible] twenty-five or fifty cent piece occurs in [illegible] to seventy-two hours. It [illegible] in four to five days and [illegible] in six weeks.

2. A [illegible] reaction means that the [illegible] antitoxin to protect [illegible]—has at least one-thirtieth unit per cubic centimeter of blood and is [illegible].

3. A [illegible] pseudo-reaction means that he is [illegible] hypersensitive to proteins of the [illegible] bacillus in broth. In this both the right and left arms appear the same. Thus the control differentiates between a positive reaction and this false one. As many as thirty to forty per cent of adults give the [illegible] pseudo-reaction.

4. A positive combined reaction is a combination of the positive and pseudo- and occurs in only about five per cent of cases. It can be told because in four to five days the positive reaction still appears clearly on the right forearm while the control reaction on the left forearm has faded to an area of brownish pink.

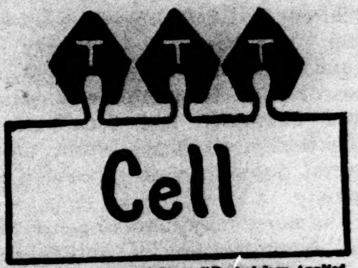
What is the value of the Schick test?

1. In epidemics of diphtheria it enables the susceptible children to be picked out promptly (also nurses and attendants) and given antitoxin to confer a temporary, passive immunity.

2. It saves large sums of money in toxin [illegible] and antitoxin as many people are naturally immune to diphtheria. Park gives the following table of susceptibility based on 20,000 cases:

Age	*Susceptibility*
Birth	10 per cent or less
Under 4 months	15 " "
4–6 months	30 " "
6–9 months	60 " "
9 months to 1 year	75 " "
1–2 years	75 " "
2–3 years	65 " "
3–5 years	40 " "
5–10 years	30 " "
10–20 years	25 " "
Over 20 years	20 " "

The above table is based on a wide number of [illegible] variations in certain [illegible], among nurses from [illegible] who have re- [illegible] there is a [illegible] to the Schick [illegible] a higher degree of [illegible], it is thought, be- [illegible] to the bacteria in [illegible] to cause the disease, but



From Broadhurst and Given, "Bacteriology Applied to Nursing," by permission of the J. B. Lippincott Company, publishers

FIGURE V.—Diagrammatic representation of toxins (T) combining with a cell

large enough to stimulate immunity. It has also been noticed that all children of a family often react similarly. Certain races seem to develop an immunity. There is the highest

From Broadhurst and Given, "Bacteriology Applied to Nursing," by permission of the J. B. Lippincott Company, publishers

FIGURE VI.—The toxin has stimulated the cell to produce other receptors, which neutralize the arriving toxins and prevent further toxin-cell combinations

per cent of negative reactions in the New York City schools among children of Italian parents.

3. It is used to determine the best age at which to toxinate children against diphtheria. It should be done by the second year, the Schick test shows, thus forestalling the possibility of infection during the most susceptible period of the pre-school age.

4. It is used to test results obtained from toxin antitoxin.

5. It is *not* a test for carriers—they are immune to the organism they are carrying.

Passive Acquired Immunity

PASSIVE acquired immunity is obtained by the use of antitoxin. This has been discussed at length under treatment. It is used during epidemics for contact cases, such as

[illegible]

children, and Schick-positive attendants. It produces a temporary immunity. It is just an emergency measure, as it produces a short-lived immunity and constitutes a sensitization to horse serum unless several doses in close succession are given.

The nurse may need to assist with the administration of antitoxin or toxin antitoxin. She will need on the tray:

Intramuscular or subcutaneous needle
Scrub tray with disinfectants
Serum
Sterile 5 cc. Luer syringe
Adrenalin for possible serum sickness

Children exposed to diphtheria are immunized with a prophylactic dose of 1,000 units of antitoxin. If the condition warrants it, a Schick test is made first. It is also very important that throat cultures be taken of all children exposed, and if positive the child should be isolated.

Carriers

SINCE diphtheria epidemics are due in large measure to carriers, they are also of importance in the control of the disease. Convalescents are often carriers for two to four weeks. Rosenau says that one per cent of the population at large in ordinary circumstances, and five to ten per cent during epidemics are carriers. The estimates vary up to thirty-seven per cent of persons in attendance on the sick. Ordinarily the strains carried are not virulent. The dangerous carrier is he who bears a virulent strain.

The cure of the carrier condition is sometimes possible by the use of antiseptic swabs, sprays, gargles, or the removal of enlarged tonsils. Antitoxin has no effect.

It is often necessary to determine the virulence of the bacteria in the carrier condition. The organism is grown in broth or ascitic broth for forty-eight hours and two cubic centimeters of this culture are then injected subcutaneously into a normal guinea pig. This will kill the pig in three to five days if the culture is virulent. A control guinea pig of the same weight receives an injection of antitoxin of at least two hundred and fifty units along with the toxin.

Summary

BACILLUS diphtheriae is the cause of diphtheria and is transmitted either by direct contact with patients or carriers, or by indirect contact through articles handled by the patient. The clinical diagnosis is made on the basis of symptoms and the bacteriological diagnosis is made by culturing all suspected throats on Löffler's media. The local symptoms are due to the inflammation in the throat, the general symptoms to the toxin secreted by the bacillus. Paralysis and cardiac failure are due to toxons, a late secretory product of the bacillus. These may be prevented by the early use of antitoxin. Large doses, intramuscularly, of antitoxin are the most important factor in the treatment.

The prevention and control of diphtheria are exceedingly important. The prompt diagnosis and treatment with antitoxin, the immediate reporting of the disease, the isolation of the patient, and the immunization to the disease by means of toxin antitoxin of Schick-positive individuals are the most important factors in preventing diphtheria.

The hope for the future is in the prevention of the disease. Authorities state that by immunizing all children as soon as they approach the end of the first year of life a diphtheria-immune population could soon be

produced and the disease practically stamped out. Parents must be persuaded that toxin antitoxin is necessary. You must help them to put aside their prejudices and suspicions. You must conquer their fears by tactful use of your accurate scientific knowledge.

Bibliography

Bolduan, Charles F.: *Public Health and Hygiene.* W. B. Saunders Company, Philadelphia.

Broadhurst, Jean, and Given, Leila: *Bacteriology Applied to Nursing.* J. B. Lippincott Company, Philadelphia.

Cecil, Russell L.: *Textbook of Medicine.* W. B. Saunders Company, Philadelphia.

Dr. Day's Lectures in Bacteriology at Northwestern University Medical School.

Karsner, Howard T.: *Human Pathology.* J. B. Lippincott Company, Philadelphia.

Kendall, A. I.: *Bacteriology.* Lea and Febiger, Philadelphia.

Kolmer, J. A.: *Infection, Immunity and Biological Therapy.* W. B. Saunders Company, Philadelphia.

Park, W. H., and Williams: *Pathogenic Microörganisms.* Lea and Febiger, Philadelphia.

Pillsbury, Mary E.: *Nursing Care of Communicable Diseases.* J. B. Lippincott Company, Philadelphia.

Rice, Thurman D.: *Conquest of Disease.* The Macmillan Company, New York.

Rosenau, Milton J.: *Preventive Medicine and Hygiene.* D. Appleton and Company, New York.

Sellew, Gladys: *Pediatric Nursing.* W. B. Saunders Company, Philadelphia.

Smiley, Dean, and Gould, A. G.: *Community Hygiene.* The Macmillan Company, New York.

Zinsser, Hans: *Textbook of Bacteriology.* D. Appleton and Company, New York.

An Impression

M. JANE WEST, R.N.

LAST year, while engaged in a special intensive diphtheria-prevention drive in a certain Italian district in Detroit, I tried to impress upon my patients how important it was to learn English. One characteristic of the Italian people is that they live in Italian settlements, and often do not try to know the language of the American people.

Mrs. G—— was frantically trying to make me understand that Mary had not been immunized against diphtheria, and I was eagerly trying to explain how it could be done, with her son Charles acting as part-time interpreter. I finished my task and proceeded to lecture Charles, who was a high-school student, for not helping his mother to learn English. I explained to him how proud he would be of his mother in a few years if she could speak as well as he spoke. I took time to make a method clear to him. Before I left the house I realized I had made some impression upon him.

This fall while doing other special work in that same district, I visited this home and found that Mrs. G—— spoke English. She explained to me how much interest Charles was taking in her, stating also that Mr. G—— had started night school.

I felt repaid as a public health nurse. First, Mary had been successfully protected against a dread disease; second, Charles had learned the lesson of helping others; and third, that family was better fitted for life as American citizens by having a slight knowledge at least of the English language.

I have always tried to explain that by learning a word a day, at the end of a year one would have a vocabulary of over three hundred words.

Home Nursing in Pneumonia

VESTA FAULKNER, R.N.

I

DURING an early April downpour, I was called to a patient suffering with pneumonia, the attending physician to call for me in an hour. When we were midway between two small country towns the doctor said, rather apologetically, that there were really three patients, and the family needed a nurse badly. The adventure rather appealed to my newly-born-to-the-profession vim. This was the type of case one reads about in melodrama; so I accepted the challenge.

On my arrival I found Mrs. X, the patient for whom I was summoned, very ill. Apparently she was standing the wear very well. She had an 8 p.m. temperature of 102.8 degrees, pulse 130, respirations 32. Her pulse was regular and of good volume. Her respirations were regular and fairly deep; but the expansion of her chest was markedly less on the right side than on the left side. Her color was good. Her skin was dry and her lips were parched, showing dehydration.

In the adjoining room lay her ten-year-old son, who was convalescing from pneumonia. His 8 p.m. temperature was 99 degrees, pulse 116, respirations 24. Apparently he was well nourished and seemed to be out of danger.

On the davenport in the next room lay the father of the boy. He had had a chill earlier in the day and the doctor thought Mr. X was "in for it, too." His 8 p.m. temperature was 101.4 degrees, pulse 120, respirations 30.

The mother had cared for the son during his illness. She lost considerable sleep and neglected to protect herself against the infection because she was not afraid of pneumonia. Before the son was able to be out of bed the mother had contracted the disease. The father then took care of the two patients, until he too was ill.

After listening to the doctor's orders, I took temperatures, gave hot saline gargles as directed, helped each patient brush his (or her) teeth. I prepared liquid nourishments, principally readily digestible carbohydrates, such as orange juice or grapefruit juice. I gave each patient as much of any liquid nourishment as he (or she) would take. I screened the windows in the rooms where the patients were with double thicknesses of muslin. After giving the medicine left by the doctor, as directed, I tried to make each patient comfortable for the night.

The following morning I gave the convalescent his breakfast and morning care, and transferred him to the home of his grandparents, who lived near by.

I tried to spare Mrs. X any unnecessary exertion, by feeding her and changing her position. It was not possible to give her the nursing care that her serious condition required, because I did all the cooking for the two patients and myself, as well as caring for Mr. X. (No help was available.) Mr. X responded to treatment very well. He was a matter-of-fact sort of person who never "crossed the bridge until he came to it."

While Mrs. X seemed seriously ill, her condition did not become critical, until she was suddenly possessed with the fear of death. I summoned the doctor as soon as the condition seemed serious. He ordered morphine sulphate, gr. 1/4 to be given hypodermically. The sedative failed to quiet

the patient. She was assured and reassured that she was only going through an uncomfortable but not a dangerous stage of the illness, but after four hours of uncontrolled restlessness Mrs. X expired.

This experience made an ineradicable impression on my mind. It taught me the possibilities of the results of nursing care in coöperation with a patient, and the colossal failure without the coöperation of the patient. I have never seen a more explicit example of the absolute necessity of rest during toxemia than the unnecessary sacrifice of this young mother.

II

ONE morning in the early spring, I answered a call from the Registry to take care of a child who was ill with pneumonia. While taking the history of the illness, I learned that the child was a girl, six years of age, who had had measles and later developed pneumonia. The patient had been ill eight days.

The family was extremely fatigued from their attempt to give adequate care. They were mentally in the depths of despair, lest the Grim Reaper enter their home. They were as a drowning man, grasping at a straw. Relatives and friends recommended changing doctors: "So-and-so was very good in pneumonia."

I found that I had a tremendous responsibility in this grave situation. The first thought in my mind was to [illegible] the parents' confidence if [illegible]. [illegible], I reasoned, if I [illegible] to the physician, the [illegible] would follow suit. [illegible] to do by means of [illegible] atmosphere. A [illegible] the yearning of every [illegible]—if that it was— [illegible]

I have taken much time and space for this prelude, because the success or failure of this case depended fully as much on strategy as it did on skilful nursing.

There were a few conditions, peculiar to this case, which demanded especial attention. The fact that the vitality of the child had been taxed by the attack of measles reminded one that her strength must be sustained in every possible way. For instance: feeding the patient, brushing her teeth, and keeping her in restful positions, not only during the acute illness, but until the heart compensated for the extra duty it was called upon to do during the long siege.

The patient was kept in semi-sitting position, carefully bolstered with pillows, so that every bit of the chest could expand freely with every inspiration. Her position was changed often, to lend the benefits of passive exercise.

The diet was limited to fluids while high fever persisted, and increased as tolerated when the fever subsided. As great a quantity of fluids as could be taken was given. The fluids consisted of milk, citrus fruit juice with water and plenty of sugar. The intake and output of fluids were measured and recorded on the chart.

I was very gentle in my methods of discipline, but just as firm. The seriousness of the case permitted little lenience. During convalescence the same strict dicipline prevailed. The patient was not allowed to over-do. Children have such unbounded resiliency that I have always felt that it was my obligation to keep the patient within bounds.

All medication was given strictly under the doctor's orders. When relatives or friends recommended a procedure I told them that I would submit the proposition to the doctor and if he approved I should be glad to

[illegible]

try the procedure. During the very serious period of illness no visitors except the parents were allowed to see the patient and they came in while the patient slept. The child recovered with no permanent injury.

III

To conclude this series of discussions of experiences in the home nursing care of pneumonia patients, I will present Mr. Jones, a man of seventy-two years, who lived with his daughter. In his day Mr. Jones had been an accountant. He still toddled to the office each morning, and returned home in mid-afternoon.

One December evening his daughter noticed that he was unusually fatigued. He drank a glass of milk for his supper, and retired for the night. The daughter was a little alarmed at this voluntary concession, so she took his temperature. She found that he had a little fever. Immediately she called the family doctor. The doctor found some consolidation of the right pulmonary apex.

In the nursing care of the aged, I have always been especially careful with ventilating measures. I tried to keep the temperature of this patient's room 65 degrees F. Fortunately the room had an east and a south window.

The patient was kept in semi-sitting position. This gave extra advantage for chest expansion, and also offered a bit of bolstering to his somewhat worn heart. The patient was turned either from side to side, or from side to back, on an average of every hour during the first three days. The procedure discouraged a hypostatic condition, helped the patient's sluggish circulation, and definitely helped to prevent pressure sores. I found that other treatment than frequent turning was necessary to prevent pressure sores for the patient was of slight build, and his muscles had lost much of their tone. Therefore nourishment played an important rôle.

Mr. Jones's diet consisted principally of liquids of high caloric value, such as milk, boiled custard, orange juice plus sugar, or buttermilk plus cream. The diet was increased as soon as food could be tolerated.

Medication, of course under the doctor's orders, consisted of: tr. digitalis m xxx, by mouth, followed by m xv every six hours. Codeia grs. 1/2, by mouth, for restlessness or cough. Low cleansing enemata were given as necessary.

So far, there is very little difference in the handling of this man of seventy-two years than had he been twenty-seven years. Now the patient reached the stage of illness which is most difficult, in my opinion. As long as he was acutely ill, he was a model patient. (He could scarcely be anything else, for want of strength.) I found that Mr. Jones still measured his strength and vigor by the things he had done for the past twenty years. And what is more, he knew better than any young nurse what was good for him. I was, a trained woman, probably necessary for women and babies, but certainly not for a man so exempt from the ravages of time as he!

I soon realised that some fast work had to be done, or this man would pay the extreme penalty for over-estimating his resiliency. I resorted to all manner of occupational therapy. Usually to get the patient to talk about himself or his family was the most successful means of keeping him quiet. To oppose him was the height of folly. Although the conditions which I had to deal with was purely mental, the picture from the patient's side of the fence, was just as vivid and reasonable to him, as mine was to me.

Nursing in Syria[1]

SARAH G. SHAHLA

THE Alumnae of the School of Nursing consider it a great privilege to come together this evening to celebrate the twenty-fifth anniversary of the founding of their school by their beloved principal and mother Miss Van Zandt, the Florence Nightingale of Syria, the first one to make it possible for the young women of the Near East to get a scientific nurse's training.

The starting of a nurses' training school in this country some twenty-five years ago was by no means an easy task. But Miss Van Zandt's undaunted spirit, her faith in her mission, her love for the work, and her keen interest in the people of the land, all contributed to her success. At the start there were some who were rather skeptical about the success of the undertaking, but she was never discouraged nor dismayed by seeming impossibilities, and carried on the school successfully through these twenty-five years.

In order to form an idea as to the difficulty of the task, shall we have a glance at the condition of nursing in Syria before the establishment of our school? Sixty or seventy years ago professional nursing was never thought of in this country, although mention was frequently made of the labors of Florence Nightingale and her assistants at Constantinople among the sick and wounded accumulated there during the Crimean War.

In those days when sickness occurred [illegible], in any of the [illegible] on Lebanon, one [illegible] ladies of the [illegible] as the mother, sister, cousin, or aunt, cared for the sick as best she could. The old experienced midwife, as a rule, had much to say in the matter when the patient was a woman or a young child. Some of those old midwives were intelligent enough to make good use of their long experience. Most of them, however, were so ignorant that they did about as much harm as good. Lack of nursing, or its utter inefficiency, was one of the greatest difficulties that medical men had to contend with.

Professional nursing of a very simple kind was begun in Beirut in 1847, by the French Sisters of Charity (of the Order of St. Vincent de Paul); a part of whose regular vocation is to minister to the sick. The value of their example can hardly be overestimated. For years they had a small hospital attached to their convent, where they did the nursing.

About the year 1860, the Prussian Knights of the Order of St. John built their hospital at Ras-Beirut (now the French Military Hospital). Here the nursing was done by German Deaconesses of the Kaiserswerth Sisterhood who had been trained in Germany. They were good, kind, devoted women, and their services were highly appreciated by all who knew them. They succeeded in training a few Syrian girls to serve as assistant nurses in their hospital. Such were the beginnings of the nursing of the sick in this part of the world. The stages of its evolution may be very briefly and roughly enumerated somewhat as follows:

1. The grandmother of the family.
2. The midwife.
3. The maiden aunt.
4. The nun, with very little special training.

[1] [illegible] twenty-fifth anniversary of [illegible] of the American University [illegible], May [illegible].

5. The Deaconess with more practical training.
6. The modern trained nurse.

The modern trained nurse in the country has very largely been the outcome of our training school, established in 1905. Previously, only a few isolated nurses were found here and there. These were either foreigners, or Syrians; some who had received their training abroad, and others who had their practical training in one of the mission hospitals of the country.

Miss Adle Wartabet, daughter of our famous Dr. Wartabet, was one of the very first trained nurses to come to Beirut, having received her training in England. In 1900 she took charge of the Greek Orthodox Hospital of St. George, where she worked for about three years. Another trained nurse who came later from America in 1902 was Miss Bull—now Mrs. Nelson, a graduate of St. Luke's Hospital School for Nursing, New York. Here she acted for some time as a private nurse in the Anglo-American community.

As for the Syrian ladies who were trained abroad, here are the names of some of them. The first in order of time—as far as I can gather—is Waseeleh Khuri, an aunt of Dr. Nucho, who went to England about 1875 and studied nursing in Dublin. After doing private nursing for a year or two there, she returned to this country some fifty years ago, and helped at the German Hospital. She acted as Directress for one year at the Greek Orthodox Hospital of Beirut in 1906. She then worked for over twenty-five years in Jerusalem, at the British Opthalmic Hospital of the Knights of the Order of St. John of England. From them she has a certificate of honor and recognition.

Miss Hunein (later Mrs. Sabra), who was a trained midwife and nurse, went to England for her training in 1883, while her brother was there studying medicine. Helaneh Baroody (now Mrs. Newfal of Sidon), who went to London in 1893 to study midwifery, returned three years later to assist her brother, Dr. Baroody, in his clinics at Burj El-Barajneh. She did a great deal in helping and teaching the people of that village. Rahil Salibi was, to the best of my information, the first Syrian lady to go to America for her nurse's training, in the year 1893.

Thus we see that before the starting of our school of nursing, there were only a few trained nurses, and some of the intelligent young ladies, having realized the situation, sought their education abroad in the hope of coming back and rendering service to their own people. Evidently there was a crying need for the establishment of a nurses' training school, and the Florence Nightingale of Syria came to meet that need in 1905, the year when our hospital, in connection with the Medical Faculty, was started with no more than twenty-five beds in what is at present the administration building.

The university catalogue of 1905 reads as follows:

> The Nurses' Training School was inaugurated in the Spring of 1905. It was designed to meet the well defined and growing need throughout Asia Minor, Syria and Egypt for educated and well equipped nurses. Miss Jane E. Van Zandt, a graduate of the New York Post-Graduate Hospital, is the Principal of the Department, and has charge of the instruction.

At the same time, the late beloved Mrs. Dale was appointed superintendent of the hospitals. This position she held for eighteen years, and until her death continued to take keen interest in the progress of the school. In honor of her valuable and unselfish services this building has been named the "Mary Bliss Dale Home."

It is interesting to note that the school, in 1905, commenced with five

sixty and the first graduating class of 19[illegible] consisted of only three of them, who received their certificates at the completion of the three years prescribed course.

The students have come from different parts of the Near East, and at one time a very large number applied from Russia. Beginning with a small enrollment, the number did not exceed five or six for several years; but in course of time the attendance increased.

Until the close of the World War in 1918, the number did not pass the twenties. Between 1918 and 1924, however, the number rose to the thirties, and for the last five years the school attendance has ranged between forty and fifty-seven.

The school has so far graduated about [illegible] nurses with an average of seven every year. These are now scattered all over the world, the great majority being in Syria, Palestine, and Egypt. For the first few years the graduating class received their certificates in the Physics Room of Post Hall; later on, in the Lecture Room of the Chemistry Building; then in West Hall Auditorium; and in 1923, at the inauguration of President Dodge, for the first time in the history of the school, the graduates received their certificates on Commencement Day, with the other graduates of the University.

Thanks to the efforts of Miss Van Zandt and her staff, the nursing profession has gradually come to be recognized as one of the highest forms of service. In early years many a nurse [illegible] her course, since she or her parents had failed to realize that nursing, like many other professions, carried with it a certain amount of [illegible] drudgery, and that the successful nurse has much more to do than to sit at the bedside of her patient, record temperature and pulse, and administer at fixed times the medicine prescribed. Especially during the World War was the demand for trained nurses rapidly increased, and during the typhus epidemic of 1917 their services were much sought and they proved of great value to the doctors. They are now occupying positions of usefulness in society.

I wish I had time to mention specific names of graduates who have rendered valuable services to their respective communities in various fields of work, and thus brought credit and honor to Miss Van Zandt and their Alma Mater. Some are working in hospitals, and we do not need to go far to see with our own eyes the excellent work the graduates are doing, day and night, in the various pavilions of the University Hospital. Some have even done pioneer work in hospital organization, having ventured far into backward territories where, under social and climatic difficulties, they not only labored as nurses but also as pharmacists, anesthetists, clinical assistants, operating room assistants, midwives, and what not. Over and above that, they had to do their own marketing and housekeeping. It goes without saying that their ability to adjust themselves to new environments, and to be of such great value in various lines of service, speaks very highly for their Alma Mater.

Other graduates have been willing to be pioneers in sanatorium work among victims of tuberculosis. In that way they have helped in changing the attitude of the public toward this infectious disease.

Some of our graduates have been employed as school nurses, where they teach children personal hygiene, how to protect themselves against infection, and how to keep their homes and surroundings attractive and hygienic.

At the same time they are always on call for treatment and dressings, and for the care of the sick students. Others have gone in for district nursing, of which the country is in great need. Here they get into personal touch with the public and teach them the general principles of hygiene and the correct methods of prevention of disease. Others still are working in clinics for child welfare or mothercraft, supported either by governments or by private committees. To these clinics flock helpless mothers seeking instruction for the care of their little ones.

Before our midwifery course was introduced in 1927, eight of our pioneer graduates ventured out into England, and sought their training there. These are now doing excellent work in saving the lives of many a mother and babe who otherwise might have suffered or lost their lives.

A great number have not been connected with hospitals or any such institutions, but have won equal credit either through their private nursing or, in certain cases where nursing was not practiced by them as a profession, through their practical usefulness in the different homes and communities to which they belong.

The graduate nurses, whether in hospital, or sanatorium, clinic, or school, have carried with them wherever they have gone the spirit of Miss Van Zandt. She has taught by example as well as by precept. She has taught the dignity of labor by doing the unpleasant work herself first. She has taught the sacrifice of personal interests to the welfare of the helpless patients and she set the example. She has always adapted her leisure time to suit the hospital work, for that came first before her own pleasure and needed rest. She was always ready on call at any hour of the night, for in early days there was no night supervision, as is the case now, and she frequently carried the responsibility all night in cases of emergency. No matter how long Miss Van Zandt was up during the night, you always found her on duty the next morning, making her regular rounds at the usual time, as though she had slept all through the night.

Miss Van Zandt has always had personal interest in the career of each one of her graduates. She has kept in close touch with them all.

This is but a glimpse of what Miss Van Zandt has been and what she has done for the school of nursing. She has given to it a large portion of her life, and we trust she will be able to realize all her hopes and dreams for the school. She has lately been very keen on raising its standard in the hope of attracting to it the well educated women of the country. Since 1926, only girls who have had at least one year of high school training or its equivalent, have been admitted. Beginning with next year, two years of high school training will be required for admission.

Here is a quotation from an article by Miss Van Zandt which appears in the June number of the *Alumni Monthly*. It represents her most recent message to us:

> Leaders are needed from Syria's best educated women, who have initiative, energy, and ambition. I believe that the time will soon come when the people of Syria will have a better understanding of the dignity of nursing, and will encourage the young women of the country to become interested in this work to fit themselves for a life of usefulness. The nursing profession and the medical profession work hand in hand for the uplift of humanity.

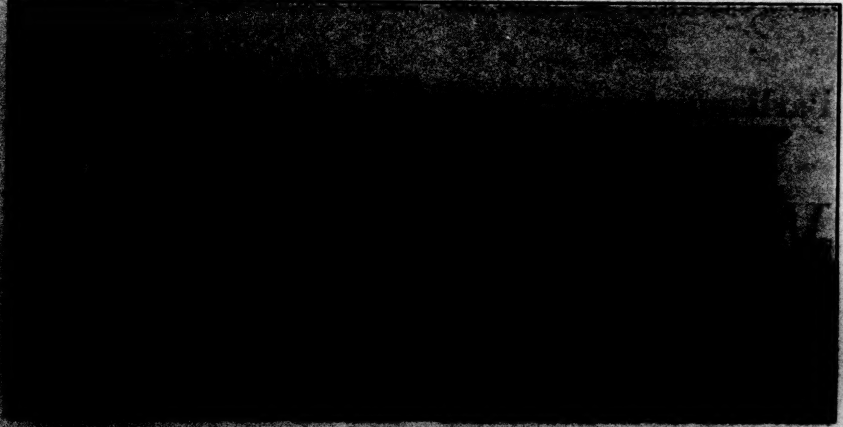
Syria in particular and the Near East in general owe you, Miss Van Zandt, a deep debt of gratitude. We sincerely hope that we shall celebrate together the Golden Jubilee of our school.

Nurses' Residence and Educational Department

Edward W. Sparrow Hospital, Lansing, Michigan

RUTH McLELLAN, R.N.

THE Edward W. Sparrow Hospital formally dedicated its new building in June. It not only serves as a home for students and



faculty but also houses the educational department. The building, which is of red pressed brick, in the same style of architecture as the hospital.

Upon entering one goes into a spacious lobby which has five small reception rooms adjoining, each of which is furnished in Early American furniture of a most attractive design. These rooms were planned expressly as parlors in which the students may entertain their friends. After passing through the lobby, one enters the auditorium which has a seating capacity of three hundred. The educational department is also on the main floor. It consists of large airy classrooms, laboratory, practical demonstration and treatment rooms.

On the same floor at the extreme right is the "Alumnae Room." This is a lounge which has been completely furnished by the members of the alumnae. Very lovely in its dignified simplicity of furnishings, it will be used for informal gatherings both by the members of the school and the graduates.

The second floor is occupied exclusively by the faculty. On this floor is the library which is most cheery and homelike, with a fireplace flanked by bookshelves. This room opens upon a large airy veranda which is a popular meeting place for both students and faculty.

The third and fourth floors are occupied by students. There are many single rooms and a few double ones. Each floor has a kitchenette fully equipped for spreads or candy-making. An electric call system connects the main office with each room.

The school of nursing maintains an eight-hour schedule. A full educational opportunity is provided for the

students, which includes two affiliations of three months each; one in nervous and mental, and one in contagious, nursing. At no time is the service need of the patient forgotten or neglected.

About one-fourth of the students enrolled are taking a five-year combined nursing and college course. The academic degree awarded to the nurses comes from the Home Economics Department of Michigan State College.

The Edward W. Sparrow Hospital ranks as one of the small hospitals, yet it has the distinction of being a very desirable center for training nurses, inasmuch as the theoretical requirements definitely correlate with the practical laboratory work on the wards, thus giving the students enrolled a well-rounded education.

Parliamentary Procedure and Public Speaking

HELENA ZACHOS

WHY are courses in these subjects desirable for every nursing school? I begin with this question because in the answer rests the whole reason for this article. Nurses are nurses by profession but, like all other women, they are social units also. In the press of an exacting study course this fact is apt to be forgotten, or a social dance or some holiday festivity is considered enough distraction from the routine study and work. Without asserting that a course in parliamentary procedure and public speaking is as gay and diverting as the above mentioned amusements, I am convinced that it enlivens and interests the student's mind, that it refreshes and stimulates thought, and opens the door to an inner temple of self-improvement which is of lasting benefit.

In order to hold the members of this great profession closer together, to increase its effectiveness and to give it wider recognition and appreciation, nurses have come together in clubs, associations, and larger conventions to compare and report, to weigh and discuss, subjects pertinent to themselves as professional and business women. There is a business side to every profession in this work-a-day world and, although the main object of these gatherings is altruistic, they are also planned to compare many points of view, to present progress made in various directions, to analyze and sift, and to find true values. In such gatherings and meetings parliamentary procedure is of great benefit and it is not to be picked up and used accurately by any one who can talk to an audience. Parliamentary procedure is exact, clear, and time-saving. It has a vocabulary of its own, clean-cut and accurate. The presiding officer who says, "All in favor of this say, Aye; contrary, No. It is a vote," is talking nonsense, and when one knows the neat, well-formed phrases of parliamentary procedure such garbled language can only be looked upon as lamentable ignorance. A badly conducted meeting is chaotic and time-wasting and this applies as much to a small class gathering as it does to one of five hundred people. Order and proper conduct of business are the first requisites for an equal division of the discussion among all present, for a clear, sharp drawing together of the

[illegible] of opinion to prepare for the vote with a right consideration of the minority and a just ruling of the majority. This is the intention of parliamentary procedure. In these days of broader activities, when responsibilities constantly fall upon women, it is impossible to say when one may be called upon to preside over a small or large number of people. Power to guide and influence others is an asset to every woman, as well as a great responsibility, and anything that is done correctly helps to give strength and charm to her daily contacts. Slipshod and inaccurate methods are absolutely impossible to the well-trained mind and she is quick to realise the beauty and precision of a well-conducted meeting and also the futility of a presiding officer who does not understand parliamentary procedure and is therefore wasting time, weakly permitting injustices to members, not forcing the subject of discussion, and probably permitting the strong to bear down the timid and less experienced, although these may be quite as intelligent and well balanced in judgment. Another point of great importance, which every member of a parliamentary procedure class learns, is that of the rights and privileges of the members on the floor, and this is a protection to the body of the meeting and a help to the chairman. This is especially desirable in class meetings, where opinions and feelings often run high and where courtesy and justice to all are apt to be forgotten in the eagerness of positive conviction or of self-assertion. The way of law and order is really the quickest by which to reach a result and in mental processes [illegible] it is the only [illegible]. Parliamentary procedure eliminates personalities and gives the meeting a general bearing towards what is right and best, and lifts it out of the mists and confusions of excited feelings. This study trains the individual to think before speaking, to clothe the thought in concise language, knowing that to be understood is the first requisite of good speech and that all other graces can be added afterwards.

This brings us to the half-sister of parliamentary procedure which is public speaking. All speaking is public in the sense that we expect some one to hear us when we talk. The utterance of sounds and words is the first and most important part of speech and as there are only a certain number of vowel and consonant sounds, all exact in production, any one can learn them and their proper combinations. This makes clear-cut, distinct, and pleasant speech. Who has time or patience, if busy, to stop for repetitions. "What did you say?" "I did not hear you." Who has the right to take the time and attention of others in this way when a little practice and care would cure slovenly enunciation and pronunciation. Curiously enough this is one of the first tests of an educated person and one of the very last accomplishments of culture. Although our language is daily put to the sword and freely slaughtered, it is remarkable what value and appreciation is put upon good speech. You cannot afford to be without it, if you are headed for advancement in the business, social, or professional world. A few carefully selected practice exercises will give anyone the ability to improve the mechanism of speech. It is all a matter of well-directed practice, not irksome when you have an object ahead and very rapidly rewarding if you are working in the right way. You are there before you know it. You have a clear, clean-cut diction and a niceness of speech that are pleasant and relieve

[illegible]

the listener from strain. This is invaluable to the nurse for it removes the effort to hear and the consequent irritation of the patient, which in private nursing is an asset of great value. Clothe diction with an agreeable, attractive voice and you have the perfect super-equipment of a successful nurse. Nature has given most of us fairly good voices but we have frightfully abused this gift. Few are taught early in life the outward and inward influences that endanger the strength and beauty of the vocal organs. The ear is very sensitive and sounds affect the nerves. A harsh rasping voice is repellent and may even be dangerous. Many an invalid has been disturbed by it and many a child frightened by such a voice although the words spoken were not severe. Nature intended the human voice to be our very own musical instrument, a precious gift to every man and woman. There are, alas, many reasons why it is out of tune for it responds to the mental, emotional, and physical condition as the Eolian harp vibrates to the wind. Art comes in to tune the voice, to take out the whine, the harshness, the husky tone, the nasal quality and to point the physical values of a good voice. It takes good breathing and a well set body to speak well and the psychic influence that lends the voice melody, sweetness, warmth, and power. It is not difficult to start and it is worth a life of practice to retain an attractive voice. Every class in public speaking should have some effective drill in tone quality. Draw these three studies together,—parliamentary procedure, diction, and voice, and you have the mechanics of good public speaking and of admirable private conversation. Thinking, reading and experience are all focused in these studies. We need good form in our self-expression, not idle, repetitious thought, careless, inaccurate words, and chatter on any pitch and in any tone. Put these studies into daily practice and you have a wonderful key to unlock doors otherwise closed to you.

All women going into the profession of nursing look ahead and hope to reach a high position in their chosen work. The schools that can offer them the most and best in preparation are the ones to select. Necessities must always come first in life and in education. Foundations must be laid but remember there is a place for beauty and attractive outer form which should always crown true values. The fine earnestness of those going into the nursing profession and the extra mettle and urge that is deep down in these women will seize every opportunity to reach the high places, therefore it is worth while for schools of nursing to give their students a chance to gain the useful knowledge of parliamentary procedure, the daily asset in every walk of life of good diction and the legitimate personal attraction of a well-toned voice. There is always a superstructure necessary to every educational course if you wish to excel. The proof of this is getting out in the world beyond the sheltering arms of the school, where all excellences are put to the test and where personality counts in large measure. These courses train the student in mental absorption, independent thinking, orderly and original expression, and these acquirements are all great spurs to self-development.

Do Student Nurses Have Adequate Health Service?

In One Year There Were 23,323 Days of Illness in 33 Schools

THIS analysis of the health programs of thirty-three schools of nursing was undertaken by the *American Journal of Nursing* primarily because of the alarming state of affairs which has been revealed by recent studies of the health of nurses. It is well known that certain life insurance companies have discontinued the granting of disability benefits to women nurses. It has been shown also that the incidence of tuberculosis in student nurses is one-third higher than in other women of the general population, being in student nurses 2.2 per cent, and in young women of the general population 1.5 per cent.[1] Furthermore, the report of the American Nurses' Association in June, 1930, shows that in the nineteen years of the Relief Fund of the American Nurses' Association 47 per cent of the beneficiaries have had tuberculosis.

There is another aspect to our interest in student health programs. The hospital and school of nursing have a definite responsibility in this matter of student health, and for two reasons. In the first place it is good business to keep the personnel well; and in the second place they have accepted these young women as students and are therefore bound to use all possible means to keep them fit and to teach them to keep themselves fit. Then when they graduate they will be not only apostles of health but examples of it as well, and not half invalids in a short time falling back on hospital and nursing organization for care.

[1] Whitney, Jessamine: "Tuberculosis among Young Women," *American Journal of Nursing*, XXVIII, p. 767.

In addition to these, the economic side of the problem of student health must claim our attention. What does it cost to care for sick student nurses, or to keep them from being sick? What does it cost to replace them when they are "off duty"? Or, if they are not replaced, what does it cost the other nurses on the ward in extra work and in extra fatigue? What does it cost the patient in terms of waiting for service, or of going without it?

Purpose of This Study

IN general the purpose of the study was to discover:

1. The general picture of student-nurse health conditions in a number of widely scattered schools.
2. The cost of illness among student nurses, particularly
   a. Cost of caring for sick nurses
   b. Cost of replacing them when ill.
3. The factors entering into health programs which in this study seemed to be getting results.
4. Criteria for judging health conditions in a given school.
5. What constitutes an adequate health service?

Background of the Study

Number of schools.—In making the study 100 schools were chosen about equally from all parts of the country and included schools both large and small. Thirty-five replies were received; of these, one came from a school attached to a tuberculosis sanatorium, and another from a school having only affiliating students. These replies were treated separately and not included in the general study. The reply from one of the university schools of nursing was used only in part.

Size of hospitals and schools.—The size of the hospitals ranged from a daily average of twenty patients to a daily average of 600. The size of the hospital seemed important as an index to the facilities available such as x-ray, laboratory, medical staff, et cetera. The size of the student body in the schools studied ranged from 24 to 226.

Days of illness.—The days of illness during one year in the thirty-three schools (3,254 students) totalled 22,328. The average number of days lost through illness per student per year ranged from 1.4 days to 18.1 days. Taking the thirty-three schools as a whole the average number of days lost through illness per student year was 6.7 days. Now if we compare this amount of time with that lost for the same reason by other groups we find that 1,288 college girls averaged 1.8 days lost each, through illness, in a year;[2] 570,000 persons in industrial communities averaged 6.9 days lost;[3] the women over fifteen years of age in the latter group averaged 8.4 days lost;[3] that women clerks under twenty years of age, employed by the Metropolitan Life Insurance Company, averaged 8.6 days lost;[4] and that women clerks between twenty and twenty-four years of age employed by the Metropolitan Life Insurance Company averaged 12.08 days lost.[4]

Of the groups just mentioned only two or possibly three are limited to an age group comparable with that into which student nurses fall. These are two of the groups of the Metropolitan Life Insurance Company clerks, and the college girls. The college girls rank far above the student nurses in their ability to keep off the sick list; while the others rank considerably below. The group which lost most nearly the same amount of time that the student nurses lost—6.9 against 6.7—was a very large group in industrial communities; they included all ages, and both sexes. They also included varying standards of living, and, although they were subject to a certain amount of health supervision since they were insured by the Metropolitan Life Insurance Company, it is doubtful if on the whole their degree of enlightenment as regards caring for themselves, their physical condition to start with, and the general attitude toward health surrounding them could be as high as that which we should expect from so select a group as nurses in training. While the fact remains that student nurses lost practically the same amount of time through illness as did these 570,000 inhabitants of industrial communities, it should be borne in mind that the amount of time lost cannot of itself be taken as the basis for judging the health of an individual.

Illness causing greatest loss of time.—Gastro-intestinal conditions, respiratory conditions, communicable diseases, dysmenorrhea, rheumatism, injuries and infected fingers were listed as the causes causing greatest loss of time. Those occurring most frequently were respiratory conditions, gastro-intestinal conditions, infected fingers, dysmenorrhea, rheumatism, vaccination, injuries, and [illegible]. This is generally in line with the findings of others as to the illnesses common among women workers. Knowledge of the general incidence of the first two

[2] Dorothy van Pelt Flagg: "Absences among Students," *Journal of Preventive Medicine*, January, 1928. (1,288 students lost 2,35[illegible] days in one school year of nine months, 72.17 per cent being due to illness. Based on these figures we have estimated the average days lost per student per calendar year to be 1.8.)

[3] Louis Dublin: *The Money Value of a Man*, pp. [illegible].

[4] Wade Wright, M.D.: *The Health of Office Workers*, Metropolitan Life Insurance Company publication.

certainly gives one definite goal toward which to work in the elimination of the illnesses causing greatest loss of time.

Hospital bed or infirmary.—Twenty-seven of the schools took care of their sick in the hospital rather than in an infirmary in the nurses' home. There is reason to believe that there is a definite trend in this direction in many schools where it is believed that the duplication of service and equipment is expensive. In a number of cases one member of the staff was physician to the school by virtue of his position on the staff; in a few (five) schools the student was allowed to choose the surgeon in case of operation. In five schools the school physician had office hours for students at stated times daily. Only two schools had a school physician on salary.

In the thirty-three schools studied then, the average student lost 6.7 days out of every year for causes attributed to illness; her illness was most often due to a respiratory condition or to a gastro-intestinal upset; and she was cared for in a hospital bed under the direction of a member of the medical staff who received no remuneration for the care he gave.

Cost

IN answer to the question, "How much did it cost to care for these sick students during the year, including hospital costs, doctors' charges, laboratory and x-ray costs, and convalescent care?", 50 per cent of the [illegible]—had no data! The [illegible] gave figures in part [illegible] and in part based on rec[illegible] were based on the [illegible] multiplied by the [illegible] per capita hospital cost. In only [illegible] per cent—six cases—were x-ray or laboratory costs listed in addition, although these are not usually included in average hospital costs. Doctors' fees were not included in any case, although two schools reported having a school physician on salary. The cost of caring for these nurses as recorded in the returned questionnaires ranged from *$2.31 per day to $8.54 per day!* I venture to say that few of these figures could be regarded as valid; certainly faced with so wide a range one quickly becomes suspicious.

When it came to finding out the cash value of the student-nurse service lost through illness we were in even worse plight. Twenty-eight schools had no data; of the remaining four, two gave no basis to account for the replies which they made; one replied in terms of what it had cost to replace the students with graduates; and one based the reply on the sum paid the students in allowances. The value ascribed to the service of a student nurse per day varied from $1.50 to $3.57. One reply included the statement, "There is no loss, since the time is made up by the student"!

Now no matter how generous the medical staff and the hospital administration may be in *giving* their services, nor how scrupulously the students make up the time lost, the fact remains that it costs some one something to pay for 23,323 days of illness, and if we are to put nursing schools upon a sound economic basis we shall certainly have to begin assembling figures for the item "Illness" which will appear in the budget.

One reason why we know so little about costs is because records are meager and difficult to analyze. If more adequate records were more generally available and analyzed, we should know what is illness and what is prevention; just now the two are confused. It does not seem fair that

schools which are apparently doing the most for their students' health should often show the greater number of days of illness when these last include the tonsillectomies, tooth extractions, vaccine reactions, and the extra day or two of rest needed to avert a threatening fatigue. We need records which will enable us to compare the present year with the past, which will show exactly what was done, the results obtained, and what it cost. Then we can plan for next year, or we can say to another school, "This is what we did under these circumstances, this is what happened, and what it cost." Such records would also show how much of a student nurse's time may be expected to be spent in illness and how much we may rightly say was spent in prevention, which is really an investment against the future.

Factors Entering into Health Programs Studied

ANALYSIS of the factors entering into the health services reported by these thirty-three schools, shows some surprising things. Because they have been given considerable importance in recent discussions of health, information was particularly sought on the following:

Frequency of physical examinations.

Routine immunization against diphtheria, scarlet fever, typhoid, and smallpox.

Routine recording of students' weights.

Routine provision of special diets as anti-obesity, high caloric, anti-constipation, et cetera.

Extra nourishment at mid-morning, mid-afternoon, and during the night.

Quiet for night nurses provided by single rooms or a separate corridor.

Regulated hours of sleep for day and for night nurses.

Number of hours in the working day.

Amount of time allowed for rest and recreation, half days per week and weeks of vacation per year.

Regulation of late leaves.

Supervised recreation.

Time allowed for illness which need not be made up.

The inclusion of class hours in the hours on duty.

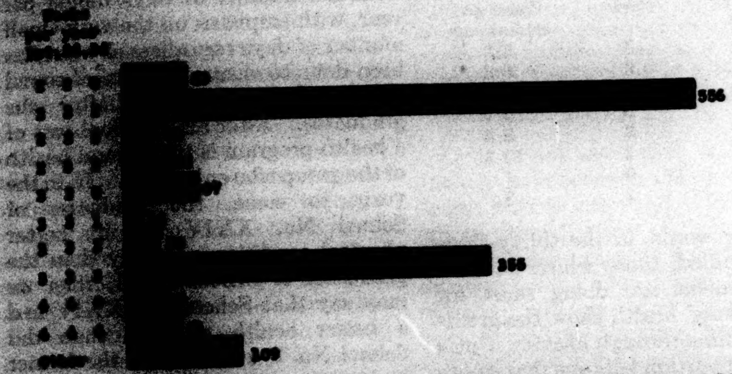
Certain of these factors were provided so uniformly in the schools studied that they could be disregarded in making comparisons of health programs in different schools. That is, in practically all schools in this study students were weighed routinely; quiet was provided night nurses by means of single rooms or separate corridors; students were required to be in their rooms for sleep and rest during specified hours; the number of late leaves was regulated; and there was some attempt at supervision of recreation. This last was not very extensive in most of the schools, it must be admitted. In many cases it consisted merely in the provision of a tennis court, an occasional picnic, et cetera.

The factors not common to all schools were:

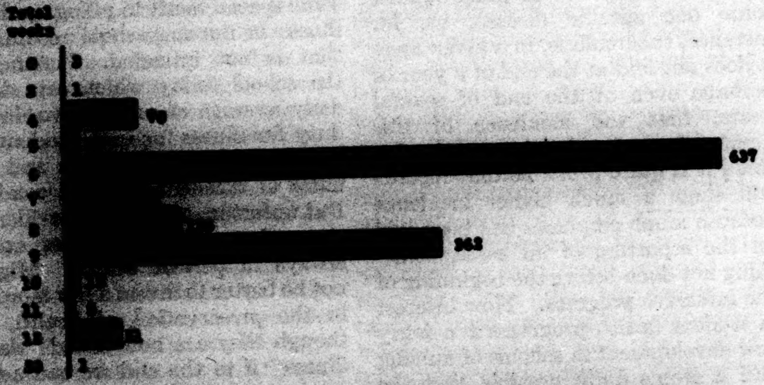
1. Regular physical examination.
2. Routine immunization against diphtheria, scarlet fever, typhoid, and smallpox.
3. Extra nourishment between meals and during the night.
4. The length of the working day.
5. Half days weekly, and weeks vacation yearly.
6. Time allowed for illness which did not have to be made up.
7. Inclusion of class hours in the time on duty.

In comparing the schools on the basis of these seven *factors* we arbitrarily chose as a standard: physical examination at least yearly; two half days or one entire day weekly; four weeks vacation yearly; and an eight-hour day and night, including classes.

One school provided all of them; that is, gave students physical examination each year; immunized them against the communicable diseases



[illegible] Each Year. Weeks of vacation granted in 1st, 2d, and 3d years, by 1,[illegible] schools. The students in 90 schools get 2 weeks vacation in the first and in the second year and none in the third year. In 556 schools they get two weeks each year. There seems to be a marked tendency towards giving students at least 2 weeks each year



Total Vacation. Total weeks of vacation granted during course by 1,362 schools. Three schools grant no vacation to their students; 51 schools give 12 weeks; one school gives 20 weeks. Nearly half the schools allow 6 weeks vacation, and more than a fourth 9 weeks

From the Studies of the Committee on the Grading of Nursing Schools. Used by permission.

[illegible], or required immunisation before admitting them to the school; provided the extra nourishment demanded; allowed a certain amount of time for illness which need not be made up; had an eight-hour working day which included classes. Five of these were provided by one school; four by three; three by five; two by ten; one by six; and none by six. Now if the schools are grouped according to the number of these factors which are included in their health programs we may expect to find that as their number increases the number of days illness decreases. But does it? Unfortunately, no. They group themselves like this:

Number of "factors" provided	*Number of schools*	*Average days illness per student year*
0	6	5.3
1	6	5.3
2	10	6.3
3	5	6.1
4	3	5.5
5	1	10.3
6	0	
7	1	8

In other words, in the thirty-three schools studied, those which on their own statement are doing most for their students' health show the greatest loss of time through illness. One's sense of proportion tells one that something is wrong.

Is it not possible that this discrepancy is more apparent than real? When a public health organization puts on an intensive program against some one specific disease, as, for instance, tuberculosis, in a given area, it does not find at the end of a year or perhaps even at the end of several years, that the incidence of this disease has sharply decreased. Instead it is quite probable that records will show a much higher incidence because much emphasis has been laid on the reporting of all cases, something not done before the beginning of the intensive program. Now interest in student health programs is a fairly new development in schools of nursing and it seems quite possible that the schools which are doing the most for students' health are also recording more days of illness per student than the other schools because they are doing an intensive piece of work and more attention is being paid to the reporting and recording of all cases.

Criteria for Judging Student Health Service

HOW shall we judge student health services? It is evident that we need something better as a criterion, than the number of days illness per year, with emphasis on the very small number of days regardless of what has been done to ensure a future of sound health for the student after she graduates. After all, the final test of a health program is the general health of the group who enjoyed it. If, in the years to come, the graduates of School No. XXIV are in better physical condition generally than the graduates of School No. I, then we may say that School No. XXIV had a better health program than did School No. I, even though the former had an average number of eight days "off duty" for illness while they were students and the latter had an average of only 2.7.

This may sound as though there is some special merit in piling up days of illness in nursing school records, but that is not intended. Fortunate is the school today which can show a daily average of one or two days off duty for illness for each student, and at the same time students and graduates in excellent physical condition. But unfortunately there is evidence to show that graduate nurses are not always in perfect health. Might it not be better to invest a few more days in the preservation of health, even though they are now called "days of illness" if in the end we can achieve graduate nurses in better physical condition?

To be sure we have gotten beyond the day when the student nurse dying of typhoid fever said to her special nurse (also a student), "I stayed on duty as long as I could." This instance, harrowing though literally true, could not happen today, because immunization against typhoid is practically universal. But all of us have known students and graduates who came "on duty" with temperatures of 101 degrees, or with bad colds which

they proceeded to distribute to all the others in the ward. Wouldn't it be better in the end if these faithful workers would become imbued with the idea that there is more virtue in staying away and getting well, even if the total score of sick days rises a bit, than in coming on duty when they are not fit to be there? Students frequently have to be "hounded" off duty, unless they are so clever about concealing their symptoms that they aren't suspected. Most of them of course do not wish to lose time which would have to be made up. This seems something of an argument for allowing a certain amount of time yearly, *which may not be saved up in order to bring the day of graduation nearer*, unless the student's physical condition warrants it, so that the student who needs an occasional day of rest may have it, without being haunted by the fear of losing time. Certainly in the long run it would be better to produce nurses who have good habits and attitudes about their own health and taking care of it than nurses who have the mistaken idea that there is virtue in spending their store of health unnecessarily.

In the "Appraisal Form for City Health Work," published by the American Public Health Association, there is some discussion of what such an appraisal should show. The aim of the group producing it was to

> devise a brief appraisal form which would yield a reasonably accurate picture of the health [illegible] actually performed in a city as compared [illegible] certain typical sample health [illegible]. It was to be based not on money spent [illegible] employed, which indicate [illegible]. Nor was it to be based on mortality rates, which are [illegible] and industrial factors [illegible] between cities so [illegible]. The idea was rather to [illegible]—such as [illegible] analyzed, [illegible] infants in attendance at instructive clinics, physical defects of school children discovered and corrected, tuberculosis cases hospitalized, laboratory tests performed—*with the confidence that such immediate results would inevitably lead on to the ultimate end of all public health work, the conservation of human life and efficiency.*

Does it not seem that there is an analogy here between the appraisal of health work in cities and of that in our schools; that the test of the efficiency of our health programs is not entirely the number of days illness that are recorded, but the degree to which we have helped to conserve human life and efficiency with the means at hand?

What Constitutes an Adequate Health Service?

IN the absence of reliable statistics on the subject of student health programs the best we could do toward deciding what constitutes an adequate health service was to find out what is being done in several schools of recognized standing, in hospitals of equal standing, both of which are known to be progressive along other lines of nursing education and hospital administration. One of the things which is emphasized in these institutions is more rigid selection of students from the standpoint of health, with physical examination before acceptance into the school under approved auspices, preferably by the school itself. In California the routine use of the radiograph of the chest is part of the physical examination of each student.[8] The superintendent of nurses in a school connected with a tuberculosis sanatorium writes "As we have twenty-three nurses as patients in the sanatorium at present, I would urge training schools to have each student have a chest x-ray on admission."

[8] Ethel A. Fisher, R.N.: "The Health of the Student Nurse," *The Pacific Coast Journal of Nursing*, October, 1930, p. 645.

In addition to careful physical examination of students before admission, health examination of every student at least yearly while in the school is carried on in these schools. Immunization against communicable disease is stressed. Vaccination against smallpox is required before admission into nearly all schools; typhoid vaccine is given almost as universally, and toxin-antitoxin increasingly. Certain schools believe that they have reduced the amount of preventable illness by immunizing students against scarlet fever also. There seems to be a decided trend toward reducing the number of hours of the nurses' working day, as well as toward increasing the periods of rest. The eight-hour day was common to more than half the schools studied while, in a few of the schools, classes were included in the hours of duty. The director of one school writes that she believes their decrease in illness is partly due to giving the students more time for rest, an occasional day or week if necessary. Another writes that increasing the vacation to four weeks each year has helped; another that better supervision on the wards and the provision of ward maids and general duty nurses has reduced the overtime and consequent fatigue. Several schools are allowing a definite amount of time—ten days or two weeks each year—for illness, which need not be made up. It is thought that all illnesses will be reported and attended to much more promptly if the students feel that they will not be penalized for it.

More attention is being paid to quiet and privacy for students when off duty or on night duty by providing single rooms. One superintendent of nurses writes "I think all my troubles would be over if I had single rooms."

Another writes "Up to this year we averaged twelve appendectomies a year (this in a school of 120 students); better food has reduced this to one so far in 1929." Several schools have special measures for ensuring the attendance of students at breakfast. As has been said, most schools record student weights monthly.

A few of the larger schools are fortunate in having a school physician whose training and interest are toward preventive medicine and who is responsible for the student group. Several have health nurses who devote all of their time to the student health program. A number of schools are beginning to realize the importance of supervised recreation for students. Behind all these measures for building and keeping good health is an attitude which the directors of some schools have recognized must be developed in the student. That is the feeling that *the final responsibility for the nurse's good health lies within herself.*

We must be warned by the experience of this group of progressive schools that even though they are beginning to reduce the amount of time lost through illness, by means of their health work, their records show a higher average amount of time lost through illness than do those of the schools which on their own statement do little for student health. But as one director writes, "during the past two years we have been concentrating on the health of our students, and although there is no material drop in the number of days of illness, we feel that the students are in very much better physical condition."

And after all is not that the best basis on which to judge adequacy in a student health service—not the number of days of illness on the records, but the health of nurses, both students and graduates?

An Urban Nursing and Health Demonstration

GRACE L. ANDERSON, R.N.

TEN years ago the New York County Chapter of the American Red Cross found the New York City Department of Health and twenty-odd voluntary agencies willing to team up in a unique public health experiment. The East Harlem district on the Upper East Side, with its largely foreign-born and socially and economically handicapped residents numbering approximately 100,000, was chosen for the demonstration. Centrally housed on 116th Street, the coöperating public and private agencies were to develop through teamwork a district-wide program of services designed to care for the normal health needs of the district. Its need determined, each service was to be made a continuing function of the agency best equipped to carry on that particular work. At the end of a decade the East Harlem Health Center has the interesting experience of seeing New York City inaugurating a group of thirty district health centers to cover the entire city.

The East Harlem Nursing and Health Demonstration, inaugurated in December, 1922, and reorganised five years later as the East Harlem Nursing and Health Service, was an outgrowth of the Health Center. As a teaching center for the practical field instruction of nurses and other health workers and through its published studies and reports, this undertaking, begun as a local experiment in the unified control and direction of district nursing and health activities, has attracted the interest of health workers here and abroad.

The Demonstration was organised as a separate coöperative health unit pooling the various nursing services and setting up its own governing board and executive and technical staff. Associated in the work and its financial support were the Henry Street Visiting Nurse Service, the Association for Improving the Condition of the Poor, the Maternity Center Association, St. Timothy's League, the American Red Cross, and the Laura Spelman Rockefeller Memorial. A coöperative arrangement was made with the Department of Health.

In general, one of the outstanding contributions of the Nursing and Health Demonstration has been the freeing of nursing services for preventive health uses. Today these preventive services occupy the major portion of the nurse's time.

Primarily designed for the health of the child, the Demonstration program has been carried directly into the home. Its aim has consistently been to reach the child through the parent, and the importance of continued contact with child and parent has not been minimized by the fact that 24 per cent of the adults of the district are illiterate.

In its morbidity service the Demonstration has been committed to meeting the needs of the district for bedside nursing or sickness care, to maintaining acceptable standards in nursing technic, and to making no radical changes in nursing policies not acceptable to the entire governing group. Giving bedside nursing care to 2,253 cases of acute illness in the five-year demonstration period, the morbidity service absorbed approximately 17 per cent of the funds available. It is estimated that the service probably reached about 12 per cent of all disabling illness in the demonstration area during the five-year period.

The maternity service included the home care of all expectant and

delivered mothers who might seek the service for themselves or be referred by hospital or outdoor clinics, private physicians, staff workers, or other social or health agencies. The maternity service absorbed approximately one-quarter of the time and funds available for all sickness and health activities and reached 36 per cent of all mothers in the district who were delivered of living infants during the five-year period.

In the interest of the infant, a child health supervision service has been maintained by means of home visiting for the instruction of the mother in the elementary principles of child care, two weekly medical conference sessions where each infant has received a complete physical examination and subsequent medical observation and guidance, and a nursing and nutrition class for the further instruction of the mother. Rendered as a part of the general nursing and health program and recruited from the maternity, morbidity, and other health services, the infant service reached 5,225 infants in the five-year period.

One of the primary objects of the demonstration program, a special comprehensive health service, reached approximately 40 per cent of the preschool children in the district. To this service physicians, nurses, nutrition and mental hygiene workers contributed their special knowledge and skills.

It is possible here to make only brief mention of the important evolution of the program of nutrition work. Starting with a highly specialized service for undernourished children and a group of specially trained nutrition workers, this service gradually permeated every part of the nursing and health program. Filling the rôle of teaching supervisor of nutrition work, the special nutrition worker has carried out her function with and through the nurse and has thereby been able to interpret the contribution of her special field toward raising the standards of community health. In conferences, classes, and clubs, nurse and nutritionist as co-workers have come closer together as familiarity with the two fields of work has produced a common understanding of both.

During the five-year period of the Demonstration, nursing and health services were rendered in 4,311 homes and to 12,560 individuals, or to more than one-half of the average total number of families in the district and one-third of the average total population; 171,110 house visits were made by the staff, and 56,270 visits were made in return to the nursing center.

In continuing the program it was felt that the unity achieved among the functioning groups could and should be maintained and that further progress might be expected in working out an acceptable correlation of the nursing and health services of voluntary and official agencies. At the same time progress was anticipated in developing the essentials of an adequate family health service, with particular attention to the newer methods of approach to family health problems such as mental hygiene, social hygiene, and case work methods. Last but not least, it was hoped that a more comprehensive teaching field might be provided for advanced nursing students and other health workers. This service was established in April, 1928, by means of a special grant from the Milbank Memorial Fund and 319 graduate nurses and nutrition students have been given periods of field training since that time.

Like the East Harlem Health Center of which it is a part the Nursing and Health Service may be expected to produce increasingly useful and significant results.

Nursing Medical Patients[1]

Problems with Neurological Patients

FLORENCE K. WILSON, R.N.

IN this last article on the problems in nursing medical patients are included the problems in nursing neurological patients, and a discussion of a table summarizing the problems irrespective of the diagnosis. In conclusion a few suggestions are given as to how the tables may be used and what further work must be done to make them complete.

Nursing Problems with Neurological Patients

THE patients included here are the neurological patients found on the medical wards of a general hospital. The report is arranged as the previous reports were arranged: A tabulation of nursing difficulties; sample of problems as stated by the student nurse; and a case report written by the student nurse. The case report chosen is on a patient with acute encephalitis.

Difficulties in giving nursing care	32
To keep patient dry and clean (prevent decubitus)	7
To keep bed and patient looking tidy	4
To keep patient in bed	3
To move patient	3
To understand patient	3
To enforce quietness	1
To obtain diet (orthodox Jewish)	1
To clean mouth of unconscious patient	1
To give mouth gag in convulsions	1
To teach the use of a straw	1
To keep patient comfortable during a chill	1
To carry out precaution care	1
To get patient to eat	1
To prevent spitting out of food	1
To urge water	1
To give bedpan	1
To keep bedpan away from bedside	1
Difficulties with personality	19
To gain coöperation	5
To keep patient cheerful	2
To interest patient in something	2
To guide reading matter	1
To keep from getting too disgusted	1
To explain treatments to patient	1
To keep up morale of family	1
To overcome objection to everything	1
To respect sensitiveness	1
To instill confidence	1
To please patient	1
To satisfy patient used to private room	1
To discourage personal questions	1

Problems as Stated by Students

Tabes dorsalis.—The greatest problem is to keep from getting too disgusted with him. At times he thinks the doctors are trying to hurt him, and then it is the nurse's duty to explain the necessity of nursing treatments.

Tubercular meningitis.—Patient's inability to coöperate. She had to be watched closely or she would get out of bed.

Cerebral hemorrhage.—(1). As long as patient was rational she was unusually coöperative for one in her condition. Then she never refused any treatments or medications and always helped herself as much as she could, being paralysed as she was. She voluntarily changed her position in the bed frequently to relieve pressure over certain areas. When she became irrational she had a complete change of disposition. She refused all food, water, or medications by mouth, and when forced to take it in her mouth would spit it out all over the bed. She would not help to move herself whenever it was necessary to change her bed, and it was necessary quite often. She was not coöperative in taking her treatments.

(2). The biggest nursing problem that confronted me in this case was keeping his bed clean and trying to prevent decubitus. During the entire time that I cared for him he was involuntary and it was quite difficult to keep him dry. I tried to make him feel that I was interested in him, and I thought that at times when I would try and talk to him he was a little brighter and responded more readily. He liked to eat alone rather than be fed, and it was a great problem to get him to use straws

[1] The articles in this series appeared in the *Journal* in March, May, and September, 1929, and in February and May, 1930.

and a spoon so that he would lose as little as possible and not soil his bed. Invariably I found him trying to lift the glass to his lips and invariably he would spill it before reaching his mouth. The patients around him made fun of him and I tried to stop them by encouraging my patient and taking his part when they tried to. He never outwardly seemed to mind, but I think perhaps that if we could have been able to detect what he felt we would have found that he did notice these slights and remarks.

Tuberculosis of spine.—Inability to move himself. It seemed to take some length of time to care for my patient, because if I moved him fast he would cry out. A nurse could not make any headway whatever.

To learn to understand his language, i.e. accent, so that I could converse with him. Sometimes when I didn't understand him he thought that I didn't want to and I could see an angry glare in his eye. To keep his bed straightened, as he was so heavy that the mattress was always pushed away down.

Neurasthenia.—She was very easily disturbed mentally both by any indiscreet handling on the part of the nurse and by her own reflections. I believe this was the only real problem she presented. It greatly pleased her if her bath could be taken and her bed made early in the morning. If she was left until last she was quite nervous and anxious for fear she was forgotten. If by any chance she mislaid a comb or a handkerchief she was worked up from a perfectly calm state to one of twitching and incomprehensible talkativeness.

Epilepsy.—(1). At first he was very hard to take care of because he needed to be watched all the time. He was unconscious most of the time and hard to keep in bed. Was unable to understand what was said to him and couldn't seem to find the right words with which to ask for the things he wanted. Later, however, he became brighter and was very desirous of getting well quickly. He liked the hospital and all the nurses and doctors that he saw. He was extremely thankful to every one who did even the littlest thing for him. He was willing to talk about himself and I had no trouble getting his history. He remembered nothing that happened during his illness and it rather puzzled him. He is a Greek and not able to speak very good English. He would have liked to talk more and tell more, but he had rather hard work finding the words he wanted. I think that he was one of the most interesting patients I have ever had and the most grateful and considerate patient I have had.

(2). Patient was very nervous at first. Was always wanting something. Keeps reminding constantly of wishes. Patient is not at all brave and cannot bear pain well. It was very difficult to give her enemata, and at first the rectal irrigations were extremely difficult. This was one of the most trying patients I ever had, but I am glad I had her because of the experience it gave me.

Lues of the central nervous system.—Try to make the patient become more optimistic and see the best side of things. Overcome the patient's seeking for sympathy. To instill confidence in himself.

About the only thing I could call a problem was to keep the patient happy and make him forget that he was sick and to forget what he had.

One of the most urgent problems is to keep the patient dry. In turning the patient to change the bed or dress his back, we are not met with coöperation. The patient makes himself more stiff than before and gives vent to his displeasure by swearing violently.

As long as the patient is allowed up in a wheel chair there is no nursing problem, but he objects to staying in bed and is very uncoöperative if he is forced to.

Study of a Patient with Encephalitis

Social History

MR. KENNEDY is 35 years of age, white, and born in Boston. He is a street-car motorman and has been married for ten years. He has one son eight years old and his wife is a telephone operator. His mother and father are dead; two of his brothers and one sister are living and well; one brother was killed.

Medical History

As Mr. Kennedy was irrational the medical history had to be taken from his wife. She does not know whether he had the common childhood diseases. He has been in good health most of the time. He was in the army during the war and passed the physical test without any difficulty; later he had another physical examination when he got an insurance policy.

Five years ago he had an eruption of multiple superficial abscesses, but

she doesn't think he ever had any venereal disease.

About a week before he entered the hospital he caught a bad head cold, and although he felt somewhat indisposed he went to work on Sunday, the day of the blizzard, and did extra heavy work. He had a severe chill that night and afterwards complained of intense frontal headache and aching pain in the back of his neck and in his lumbar region. A physician was called who said that he had the "flu," gave him some capsules and advised him to stay in bed a couple of days.

The pain in the back disappeared, but the headache continued and he felt dull and listless. His wife left him feeling this way at five o'clock in the afternoon the day before his admission. On her return, at one o'clock in the morning, she found him lying in a dazed condition, not recognizing her at all. He came to in a few minutes and recognized her. Soon after the doctor came he had a convulsion which lasted about a minute; during the attack there were irregular convulsive movements of both arms, the legs did not move, and the head was drawn back. Under the influence of a hypodermic injection he remained quiet for about six hours when he had a second convulsion, after which he vomited repeatedly. He became absolutely unreasonable and resisted violently when he was taken to the hospital.

Symptoms

T. P. R. [illegible] on admission
Delirium
Nausea and vomiting
Convulsions
Headache

Impression:

Acute encephalitis?
Tubercular meningitis?
Acute nephritis

Discharged, [illegible]

Physical Findings

Head: He has had frequent headaches at irregular intervals during past two years; they have never been very severe, and were relieved when he got glasses.

Gastro-intestinal: Gas and nausea are present in connection with the headaches.

Skin: Multiple minor lacerations and abrasions on left forearm, knees, and buttocks.

Laboratory Findings

Blood: Hb. 80 per cent; R. B. C.—4,900,000; W. B. C.—9,000.

Urine: Cloudy, amber, sp. gr. 1,020, acid, alb. Mx. Many hyaline and granular casts; many W. B. C. and a few R. B. C.

Blood urea	43
" uric acid	6
" creatinin	1.7

Spinal fluid:

(1) 10 cc.—increased tension—clear, colorless 21 mononuclear cells—globulin
(2) 20 cc.—increased tension—clear, colorless 57 mononuclear cells—globulin
(3) 10 cc.—increased tension—clear, colorless 100 mononuclear cells—globulin
(4) 5 cc.—decreased tension—cloudy, bloody tap.

Treatment

Mr. Kennedy was placed on meningitis precautions right away. Soft diet was given, as he vomited often, and fluids forced to increase elimination.

Chloral hydrate grs. xxx; sodium bromide grs. xxx by rectum, and paraldehyde 2 cc. intra-muscularly were given to try to check the convulsions.

When it became impossible to give him nourishment by mouth he was given rectal taps of glucose 5 per cent, 250 cc., and infusions. When his temperature went up above 39 degrees he had temperature sponges. Lumbar punctures were given to decrease the tension. His back got sore from the lumbar punctures and hot dressings were applied q. 2. h. He was given morphine often to quiet him. Special care was given to his mouth.

Nursing Problems

I cared for Mr. Kennedy shortly before he died, when he was unconscious all the time. Moving him seemed to bring on his convulsions, which were so severe at times that it took two of us to keep him from jerking off the bed. After a convulsion he would perspire so profusely that his gown and sheets were wet, so wet that they had to be changed quite often. He was incontinent with almost every convulsion, so we tried leaving a urinal in the bed all the time, which wasn't entirely satisfactory. His wife wanted to always apply the mouth gag so as to feel that she was helping in some way. It was easy to get the gag in in time, as he would always open his eyes very wide, then draw his pupils to one side, then his lids would flutter, then his whole face would quiver; finally the strong muscular contractions would start. His mouth required special attention, which was not especially difficult to give as he kept his mouth open most of the time.

Autopsy Report

No tubercles were found in the brain or spinal cord; but when the brain was opened it was found to be exceedingly inflamed. A diagnosis of acute encephalitis was made.

Consideration of Problems

IN the tabulations of difficulties of nursing medical patients which have been presented in this series, the problems have been given in connection with the disease where they occurred. Now that the series is complete, a summary of the problems has been made, irrespective of the disease where the difficulty occurred.

Summary of Problems in Nursing Medical Patients

Difficulties in making patient comfortable in bed	103
Problems with diets	74
Difficulties with treatments and medications	73
Difficulties with intake and output	31
Difficulties with surroundings and atmosphere of ward	18
Difficulties with personal hygiene of patient	17
Difficulties in routine	10
Difficulties with personality	153

As we compare the summarized table which does not classify the problems under the diseases with the tables of the problems under the disease where they occur, the question arises as to whether the solution of a given difficulty differs with the disease where it occurs. In other words, is the problem of keeping the patient in bed solved in the same way for a cardiac patient as for a neurological patient? If the solution to the problem is the same no matter what disease the patient has, then the proper classification of the problems is the one given in the summary. If the solutions vary according to the diagnosis, then the classification under diseases is the proper teaching order.

The work which has been discussed in this series of articles is just the beginning of a study of difficulties in the bedside care of medical patients. To make sure that this list includes all of the difficulties it would be necessary to get a similar statement of difficulties in a number of hospitals. If this analysis were extended to include the difficulties in nursing medical patients outside of the hospital as well as in the hospital, it might well be used as a basis for planning a course in medical nursing. Ideally, in a problem of this sort, the collection is continued until no new difficulties are found.

When a complete list of difficulties has been obtained each one must be analyzed to discover the knowledge and skills necessary to solve the problem. Suppose we analyze the first

problem. These are some of the questions which might be asked: What kind of a bed is most comfortable? What kind of springs should it have? What kind of mattress? A Gatch bed is convenient for the nurse; is it comfortable for the patient? How should the bed be made to be most comfortable? Are there any adaptations necessary because of the symptoms in the disease? What is the best way to keep the irrational patient in bed? Evidently some of the patients won't stay in bed because they have nothing to do, as the problem occurring most frequently under personality is, keeping the patient occupied. This is by no means a complete analysis, but it does give some idea of what such an analysis is like. The problem as stated on paper looks simple but it becomes complex as it is analysed. Sometimes a collection of successful solutions is made. In nursing this might be done by asking a thousand successful nurses to give their solution to each of the problems. I am sure that we who are teaching in hospitals do not know of many careful adaptations of procedures and clever devices which nurses make in doing private duty nursing. When this analysis is complete we will have a better idea of the knowledge and the skills which are necessary in nursing medical patients.

The statement of problems as I have read them on case reports has undoubtedly influenced the work which I have given in teaching medical nursing. For instance, I found it necessary to teach the students several modifications of Fowler's position, which could be used with cardiac patients.

As I began to see that so many of the problems were personality problems, I considered how the nurse might be better equipped to solve these problems. The student nurses said if they could have some idea of the patient before he entered the hospital these problems would be easier to solve. To get this picture of the patient I asked the coöperation of the Social Service Department of the hospital. The joint work which we did has been presented in an article published in *Hospital Social Service*, XVII, 1928, p. 82. That is the only new work I have started in attempting the solution of these problems.

In the last paragraphs I have suggested two ways in which this study of difficulties in nursing medical patients might be used. In either case it would be necessary to make sure that the analysis represents all the difficulties in nursing medical patients. This would mean the coöperation of a great number of nurses who are nursing medical patients. I hope we may sometime get a complete list of difficulties and a complete list of solutions to these difficulties.

MOTIVES and purposes are in the brain and heart of man. Consequences are in the world of fact. The former are infected by human ignorance, folly, self-deception, and passion; the latter are sequences of cause and effect dependent upon the nature of the forces at work.

—Sumner: "Purposes and Consequences" in *Selected Essays*.

Centralization in Philadelphia

MABEL F. HUNTLY, R.N.

THE School for Preliminary Courses in Nursing, Philadelphia, has announced a change in its location and form of organization which took effect on July 1, 1930, when Temple University took over the management of its affairs through the Department of Nursing Education of which Harriet L. P. Friend is Director.

The School, which began operation in February, 1922, under the auspices of the Philadelphia League of Nursing Education, has been an independent organization controlling its budget and administrative affairs through an executive committee composed of the directors of nurses of the affiliating hospital schools and representatives from the Philadelphia League of Nursing Education, the Philadelphia Hospital Association of Superintendents, and the Pennsylvania Board of Examiners of Nurses. Mr. Arthur A. Fleisher has been chairman and treasurer of the committee.

Drexel Institute of Art, Science, and Industry has housed the school for several years; chemistry, nutrition, and psychology being taught by members of the Institute faculty; nurse instructors teaching anatomy and physiology, drugs and solutions, bacteriology, and the history of nursing.

With the change in administration, the hospitals make arrangements individually with Temple University. The Executive Committee of the School for Preliminary Courses is dissolved and a committee, to coöperate with Miss Friend, functions in an advisory capacity. The tuition fee is paid to the University and the instruction is all to be given by members of the University faculty.

The courses in chemistry and bacteriology were lengthened from twenty-six to forty-five hours each. The curriculum is as follows:

Anatomy and Physiology	90	hours
Bacteriology	45	"
Chemistry	45	"
Nutrition and Cookery	45	"
Elementary Materia Medica	20	"
Ethical, Social and Historical Aspects of Nursing	15	"
Psychology	15	"
Total number of hours	275	"

Two classes of students will be enrolled each year for a term of four months. The dates will correspond to those of the Fall and Winter Terms of the University.

While the change in administration means loss of the identity of the "Preliminary School in Philadelphia," yet all of the principles for which it has stood will be perpetuated in the new affiliation. The hospitals will continue to budget for the unit of preliminary courses for their students; and the education of the students, for at least the four months, will continue to be of paramount importance to a group of educators who will not be involved in the responsibilities of hospital administration.

Who Run the Schools?

AT the meeting of the American Hospital Association recently held in New Orleans, the Association contributed to the Committee on the Grading of Nursing Schools generous exhibit space in which to show some fifty colored statistical charts and slogans bearing upon the results of the Committee's work. Four diagrams, two of which are reproduced here, stimulated particularly animated discussion.

The first diagram, headed "Who Run the Hospitals?" is based upon replies from 1,366 hospital superintendents who reported upon their previous experience before taking over the superintendency. As the diagram shows, 787, or 58 per cent, are nurses. In the next largest group are 265 physicians, or 19 per cent of the total. Each of the other groups was small.

Members of the nursing profession are in executive control of six out of ten hospitals, while members of the medical profession are in executive control of two out of ten hospitals.

Were the medical profession solidly behind the movement to improve schools of nursing, it seems probable that many changes would occur in the schools of nursing conducted by these 265 hospitals where the superintendents are also M.D.'s. It is equally true that were the nursing profession solidly behind the movement to improve schools of nursing, equally significant changes would probably occur in the schools conducted by the 787 hospitals where the superintendents are also R.N.'s.

Many of the R.N. superintendents of hospitals reported in this diagram are able women keenly interested, not only in hospital administration, but also in nursing. Some, however, while competent hospital administrators, have in their own thinking practically left the nursing profession and regard the nursing service in their hospitals

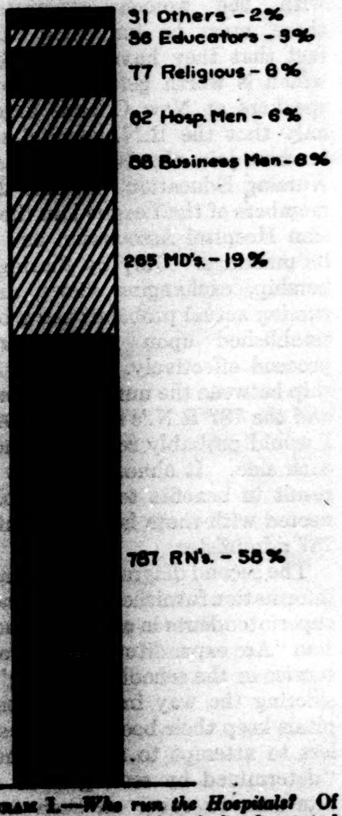


DIAGRAM I.—*Who run the Hospitals?* Of 1,366 superintendents of hospitals who stated their professional background, the two largest groups are nurses and doctors. R.N.'s in religious sisterhoods tabulated not under "Religion" but under R.N.

as only one of many different departments, each of which clamors for attention. Diagram I raises the question, therefore, whether there is any way in which those nurses who are eager for better educational standards for the profession can get closer to the R.N. hospital superintendents in

order to enlist their interest and ensure their understanding of what is at stake.

Any one who has attended Hospital Association meetings, and talked with the women superintendents there, must be impressed with the fact that they have a point of view which is worth getting. One of the speakers at New Orleans urged, not only that the R.N. hospital superintendent join the National League of Nursing Education, but also that the members of the League join the American Hospital Association and attend its meetings. Only by sharing membership, exchanging views, and discussing actual problems can a basis be established upon which work can proceed effectively. A closer friendship between the nurse-educator group and the 787 R.N.'s shown in Diagram I would probably result in benefits to each side. It almost certainly would result in benefits to the schools connected with those hospitals which the 787 administer.

The second diagram was based upon information furnished by 1,384 hospital superintendents in answer to the question "Are expenditures for the nursing service or the school of nursing" (considering the way in which most hospitals keep their books, it seems hopeless to attempt to separate the two) "determined by setting aside a definite sum to cover all such expenditures at the beginning of the fiscal year, or by deciding upon each such expenditure as need arises?" In tabulating the answers, monthly or quarterly budgets, as well as yearly, were included in the group where expenditures are decided in advance, yet even with this generous interpretation of the figures only 191, or 14 per cent, have any form of operating budget.

What this means is that the nursing service and the school of nursing cannot be developed upon a constructive, forward-looking plan, because there is no way to know how much money will be available. The school is in the position of the old-fashioned wife, who was often lavishly provided with beautiful gowns, but had to ask her husband for money every time she needed carfare. Modern husbands give their wives regular allowances for personal and household needs, and the business affairs of the home are being run on a correspondingly sounder basis, because the wife knows what she can count on. The superintendent of nurses has not yet reached that enviable stage where she can know at the beginning of the year how much money is going to be available for running the school of nursing and the nursing service. She must still ask, figuratively, for carfare.

The third diagram met with varied responses from those who saw it. When it was recently shown to a friendly group of nurses and far-sighted hospital administrators, several of the nurses exclaimed "How outrageous!" or words to that effect; while the hospital men, on their side of the table, were saying to each other "How encouraging!"

The question asked was whether expenditures for the nursing service and the school of nursing were determined by the superintendent of the hospital alone, by the superintendent of the hospital after consultation with the superintendent of nurses, or by the superintendent of nurses within the limits of her budget. The diagram showed that in 7 per cent of the cases, such decisions were made by the superintendent of the hospital alone; in 5 per cent of the cases, the decisions were made by the principal of the school (usually the superintendent of nurses) acting alone; and that in 88 per cent of the cases, such expenditures were determined together.

The nurses in the consultation group referred to were impressed by the fact that the superintendent of nurses rarely has any real freedom in determining how money for the school shall be spent. The hospital administrators, on the other hand, saw in the same diagram evidence that superintendents of hospitals are not inclined to regard themselves as the sole arbiters of what shall happen in the hospital, but, in the overwhelming majority of cases, recognize the importance of consulting with the principal of the school before making expenditures which affect nursing policy.

The fourth diagram of this series, reproduced here as Diagram II, answers "Is the principal of the school of nursing always, often, or rarely present when the board of trustees discusses problems concerning the school?" Some 38 per cent report that the superintendent of nurses is always present at such meetings. Were a second grading to be made today, and were the same question asked again, there is some indication that the number answering "always present" would be even a trifle larger than is shown here. In at least one instance the superintendent of the hospital, in filling out his report, is said to have growled "Well, I have filled it in 'never' but I don't like the looks of it. You'd better begin coming to the board meetings."

It is true that not all superintendents of nurses want to come to board meetings. More than one has frankly stated that she gets more for her school by not being too conspicuous. Others feel that a good training school committee gets more for the school than could the principal. Nevertheless it seems probable that if the principal of the school knows what she wants and why she wants it, and if she takes the time to prepare her arguments, she can present the case for her school to the board better than can anybody

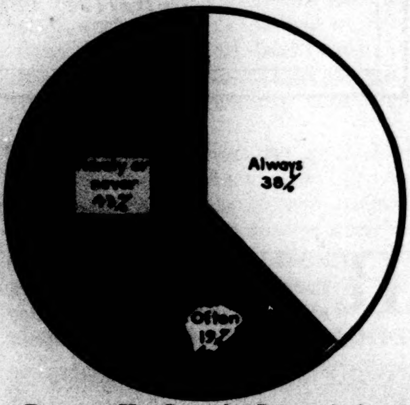


DIAGRAM II.—*Does the Principal Attend Board Meetings?* Of 847 hospital superintendents stating whether or not the principal of the school is present at meetings of the board of trustees when questions affecting the policy of the school are being discussed, 325, or 38 per cent, said that she was always present; 163, or 19 per cent, said that she was often present; and 359, or 43 per cent, that she was rarely or never present. Schools where the superintendent of the hospital is also superintendent of nurses, and schools where there is no board of trustees, are omitted from this count

else. It is, or ought to be, part of her job.

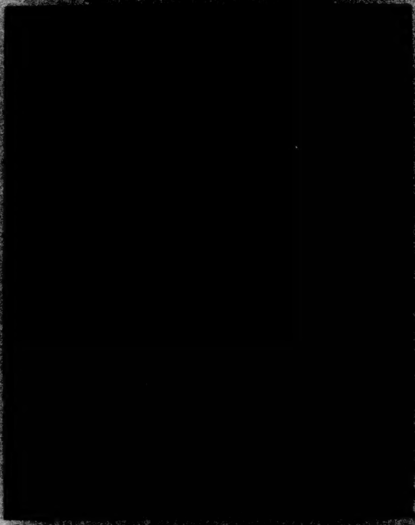
Modern superintendents of hospitals, who are beginning to regard schools of nursing as educational projects on a different level from the administrative departments of the hospital, are inclined to encourage the attendance of the principal of the school at meetings where the school policies are being discussed. The more she can take advantage of these invitations and, through her intelligent presentation of the problem, contribute to the board's discussion, the more likely she is to secure the coöperation of the hospital and of the hospital superintendent in making the school of nursing a genuine educational project.

Some Specialists

Esther Dart, R.N.

ELSIE STOUGAARD

RENSSELAER FALLS in the northern part of New York state can proudly claim Esther Dart, for here she was born and spent



her early girlhood. Being the oldest child in her family and the only daughter she stayed at home until she reached her early twenties. In those days nursing was not the highly organized profession that it is now—the nucleus was just being formed which was gradually to develop into our present-day flourishing and far-reaching community health and county visiting nurse associations. Then people were forced to depend largely upon friendly neighbors to aid them when there was illness in the family. It was at one of these times, when Miss Dart was helping to care for a friend, that she first seriously thought of studying nursing.

Miss Dart's choice of a training school brought her to Boston where, at the Massachusetts General Hospital, she was in contact with people in the nursing and medical circles whose high standards were a constant stimulation to her. Since her graduation in 1891 her life has been filled with numerous and varied experiences gained through serving in different capacities in her profession, beginning with her position as head nurse in the hospital in which she was trained. From there she went to Bangor, Maine, as Superintendent of the Bangor Hospital. Later she became Superintendent of the Rochester City Hospital, New York. The offer to become Night Supervisor at the Massachusetts General Hospital brought her back to Boston again. Following this she was Superintendent at Concord, New Hampshire, of the Memorial Hospital for Women and Children.

In 1902 Mr. James Stillman, whose son at Harvard had been seriously ill with typhoid fever, realized the need for medical care of students and generously gave the infirmary, known by his name, to the College. Eight

months prior to the actual opening of the building at the beginning of the school year, Miss Dart was busy working out the details which made possible the splendid care given that first year to some four hundred students.

It is with her long service here as Matron that we think of Miss Dart as a specialist. She became the hospital's master guide—engaged and supervised all the people who worked there, ordered supplies, kept the books, personally attended to the detailed preparation of the operating room for years and until a short time ago, when a housekeeper was employed, she planned all the meals.

As the hospital needs multiplied with the increased enrollment at the University, a larger staff was assembled under Miss Dart's careful direction. Boys from almost all parts of the world have been patients at Stillman, and diagnoses have varied from slightly sore throats to the fractured skulls of football players. Miss Dart has weathered all kinds of emergencies from that of epidemics, which necessitated setting up cots because every available bed was occupied, to a memorable vacation period when, contrary to the custom of other summers, she kept the infirmary open in order to give proper care to a single student whose removal was considered dangerous and whose recovery proved the effort worth while.

Miss Dart, whose spirit is still young and who possesses a delightful sense of humor, thoroughly enjoyed her contacts with those youths whose hopes to conquer the vast world were not to be easily dashed. Her resignation in June, 1930, marked the end of Miss Dart's twenty-eighth year at Stillman Infirmary where students, staff, and physicians, as well as President Lowell, looked back upon her record of service with deep appreciation and to her leaving with great regert.

The honorary positions given Miss Dart have not been few. In the Massachusetts State Nurses' Association, of which she is a charter member, she held the offices of president, treasurer, and recording secretary. Before and during the war she was chairman of the State Committee of the Red Cross Nursing Service in Massachusetts. She has acted as president and secretary of the Massachusetts General Hospital Nurses' Alumnae Association, as chairman and president of the Middlesex County Nurses' Association and as chairman of the Middlesex County local Red Cross Nursing Service.

It is not difficult for anyone who knows Miss Dart to understand her being chosen to hold so many honors. The serenity and graciousness of manner of this staunch little woman, who has bright eyes and lovely white hair, have won the love of hundreds in the nursing profession. Her straight, clear thinking, her power to make a quick and keen analysis of any situation, and her keeping stride with progress, are some of the assets which have made her so invaluable a person to every organization to which she has belonged. Marked ability in one's profession is something to be desired but when that is coupled with seasoned wisdom and foresight, every one's respect is commanded.

Our Contributors

Jessie M. Stewart (sister of Professor Isabel Stewart of Teachers College) derived inspiration for our lovely frontispiece from a photograph made at the Illinois Training School for Nurses. We are indebted to Miss Stewart also for the illustrations for "Where Our Christmas Came From."

Hester Viney, S.R.N., is an English friend who has made other contributions to the *Journal* this year.

Mrs. Robert Jolly is Superintendent of Nurses at the Baptist Hospital, Houston, Texas.

Charlotte Munck, R.N., is Director of Nursing in the beautiful Bispebjerg Hospital, Copenhagen, Denmark.

James Bordley III, M.D., based his article on "Liver Therapy" on study done at Johns Hopkins Hospital. Dr. Bordley is now at the Medical School of the University of Pennsylvania.

Bertha M. Wood is an old friend of the *Journal* readers and one who is always ready to be practically helpful.

Sister Gonzaga, R.N., B.A., is dietitian at the enormous Charity Hospital, New Orleans, Louisiana.

Phoebe Gordon (Wellesley) calls herself "a mere lay person." She has been office assistant to the Director of the University of Minnesota School of Nursing for a number of years.

Celia Cranz, R.N., B.S., is now the Principal of the Akron City Hospital School of Nursing, from which she graduated. Her paper on nursing costs is founded on a wide experience.

Marie Villing, R.N., is Pediatric Supervisor at St. Mary's Hospital, Cincinnati, Ohio.

We cannot too often remind our readers that Virginia McCormick is the Publicity Secretary of the American Nurses' Association and that she welcomes questions on publicity programs.

Virginia Boyer Miller, R.N., B.S., completes her article on "Prevention of Diphtheria" in this issue.

Jane West, R.N., is a public health nurse in Detroit.

Vesta Faulkner, R.N. (Toledo Hospital), has been a private duty nurse, a medical supervisor, and is now an industrial nurse.

On the twenty-fifth anniversary of Jane E. Van Zandt's notable work in Syria, **Sarah G. Shahla** read the interesting paper on nursing in that country. The occasion was given added distinction by the presence of Mary Beard of the Rockefeller Foundation.

Ruth McLellan, R.N., is Director of the School of Nursing of which she writes.

Helena Zaches has won an enviable record as instructor in Parliamentary Procedure and Public Speaking in some of the New York City schools of nursing.

Grace Anderson, R.N., A.M., is Director of the East Harlem Nursing and Health Service, New York City.

Florence K. Wilson, R.N., M.A., of the Western Reserve School of Nursing faculty, summarizes the data on problems in medical nursing which we have published at intervals for the past two years. Her forthcoming book will carry us still farther forward in the path of intelligent medical nursing.

Mabel F. Huntly, R.N., B.S., was Director of the School for Preliminary Courses in Philadelphia until it was taken over by Temple University. She is now in New York studying at Columbia University.

Elsie Steugaard is on the staff of the New England Home for Little Wanderers, Boston.

There is no greater authority than **Dean Goodrich,** of the Yale School of Nursing, on the subject of which she writes in this issue, for the teaching of prevention to undergraduate nurses is one of the prime purposes of that school.

Material for the article on Case Records was compiled in the *Journal* office by **Mrs. Helen W. Munson, R.N., B.S.**

Editorials

Work—A Gift?

THIS will be a happy Christmas for many thousands of nurses. They are employed, they are useful, they are reasonably content. But all across this broad land there are nurses for whom there can be no happiness unless some work can be found for them and that right speedily. The *Journal's* Forum has persistently and repeatedly sounded warnings fom the South, and we know that registries everywhere report lack of opportunity for private duty nurses.

There are three major reasons for the unemployment of nurses which is appalling them. First, this is reported by health authorities to be the healthiest year the country has ever seen, a blessed condition to which nurses have contributed much and which obviously they would not change if they could. Second, the general economic depression has caused many patients to "get along" without adequate nursing care and this, too, is a situation at present beyond the control of nurses, but with more highly developed registries we might have done and may still do a vast amount of good through well organized part-time service. The third factor in our tragic unemployment comes directly home to us. It is the serious over-production of nurses. Many a woman has been trained as a nurse only because a hospital wanted student service. The principals of our schools have been forced into participation in this ethically, socially, and economically unsound practice by economic needs of hospitals which have not been understood by the supporting bodies.

On the day the Grading Committee made its study of nursing service sixty-four per cent of the nursing load in the hospitals participating in the study was carried by students and only eighteen per cent by graduates, the remainder being carried by supplementary workers. Slowly—oh so slowly—the schools are beginning to limit classes and to employ increasing numbers of graduate nurses. In the meantime, some of the nurses whom they have already graduated are perilously close to starvation. Without the weight of public opinion the process of changing the economics of hospitals and the machinery of nursing education will be a slow one. In the meantime nurses are actually suffering. What can be done about it?

Thoughtful people say that the cure for the economic depression is freer spending. With their already difficult financial problems could the hospitals adopt this slogan? Few hospitals are free of serious financial anxiety. It is also true that few hospitals have all the nursing service their patients need. Can they help the unemployed by providing even a little more nursing service than they normally give?

Most superintendents of nurses are already over-burdened. Their duties are complex, and they are complicated always by the difficulty of limited funds. None the less, we appeal to them to seek ways of providing opportunity for some of the all but hopeless nurses whom they have helped to

train. At the very least, by coöperating with the registrars, they could help to distribute the available opportunities to a larger number of private duty and general duty nurses.

Our schools are headed by generously sympathetic women. In so far as it lies within their power we believe they will extend opportunity to worthy and needy nurses. This is the immediate and palliative step. Cure, obviously, lies in the limitation and careful selection of future classes.

But to hundreds of nurses the best possible Christmas gift will be the opportunity to serve.

Committees on Distribution of Nursing Service

FACED with the exceedingly grave problem of unemployment among nurses and well aware that many patients are wholly neglected or inadequately nursed, the national nursing organizations have organized a Joint Committee on Distribution of Nursing Service. Such a committee requires a vigorous, fearless, sympathetic, and informed chairman. Mrs. Anne L. Hansen, ex-President of the National Organization for Public Health Nursing and also of the New York State Nurses' Association, has been chosen and has assumed this heavy responsibility. The personnel of the Committee (see page 1586) ably represents not only the organizations but many types of nursing service, and this is as it should be for the problem is as many-sided as the profession itself.

The work of this Committee will be carefully correlated with the work of the American Nurses' Association's Registry Committee, which is already well advanced. Its studies will be made by three sub-committees. The sub-committee on nursing in institutions, under the leadership of Shirley Titus of Nashville, will study such subjects as group nursing, and floor or general duty.

A study of all types of hourly nursing, including those under the auspices of the visiting nurse associations, under registries, or on a free lance basis, will be the responsibility of a second sub-committee of which Geneva Hollien of Albany is chairman.

The third sub-committee, guided by Emilie Sargent, of Detroit, will study various methods of organizing "Local Councils of Nursing Service" and will undoubtedly discover some already established and exceedingly interesting relationships between other groups interested in nursing service and in nurses.

The scope of the Committee's task is nation-wide, and to ensure wide participation in the studies every state association is being asked to organize a committee on lines identical with those of the national associations.

The work of this Committee is urgently important. We bespeak the energetic coöperation of all state associations with Mrs. Hansen and her Committee.

The Nurse in Recent Fiction

WRITING folk are making "copy" of nursing, but no one has yet portrayed a nurse in fiction who approximates the professional estimate of what a nurse should be. If challenged the authors probably would be found to have written out of limited knowledge. Nurses are now a numerous clan. It would be extraordinary if they did not figure incidentally, at least, in many stories. Perhaps we should not blame the authors so very much if they base their judgments on insufficient evidence. They are as unaware as "the three blind men of Indostan" who went to see an elephant, that each sees only a

part of the whole. Sorrowfully we should have to admit that there are many women called nurse who are as woefully lacking in knowledge of psychology as the nurse whose lack of understanding provided the background for the most dramatic incident of *Bad Girl*. Conversely the vulgarity of *Night Nurse* should not blind us to the author's appreciation of the nurse's complete devotion to her little patients. The unauthorized use, by the author of that book, of the full name of one of the eminent members of our profession may be an evidence of misplaced good intentions, or it may be an effort to give an air of verisimilitude to her outpourings. Regardless of the motive, the use of the name was definitely unethical. Perhaps there are nurses whose use of slang is as vivid as that in *The Lone Tree*, but we do not find them among the more representative groups.

The title of the motion picture "War Nurse" caused nurses in government service and other official groups to purchase tickets in trepidation based on such experiences as have been cited. But "War Nurse" has nothing to do with professional nurses. It is a none too interesting portrayal of the efforts of volunteers in France. Nor can we blame the authors very much for their choice of title, the word nurse is a very comprehensive one and the profession has not been very successful in its efforts to bring into general use the more explicit titles of "professional nurse" or "registered nurse."

The lack of emphasis on nursing in another group of books is even more perturbing than the distorted impressions in the novels already mentioned. *The Magic Mountain* and *Sanatorium* were both written on the other side of the Atlantic. We wonder, however, had they been written in this country if nursing care of tuberculosis patients would have seemed more important to the authors.

In *Merely the Patient*, a savage arraignment of the most highly developed clinic in this country, clinic nurses are scorned for their mechanical participation in routine, and bedside nurses apparently had little real significance for the writer while a patient.

In *Shutter of Snow* the most vivid description of nursing, like that in *Bad Girl*, has to do with the utter failure of a nurse (or attendant?) to comprehend the mental state of the patient.

Have these things any significance for the profession? If this latter group of writers are even reasonably good observers, is nursing failing to give the mental and spiritual support to those it serves. If nurses seem merely automatons to writers, or still worse, if it is possible for them to write their most dramatic episodes around the failure of nurses to comprehend the psychology of patients, is it perhaps another evidence of what the best minds in the profession have often pointed out, namely, that nursing will not be truly professional until nurses generally are competent to care for the mental as well as the physical aspects of illness?

The Editor Returns Some International Calls

YEAR by year we have unobtrusively called attention to the world-wide interest in and active support of health activities by the Rockefeller Foundation and its various branches. A fundamental interest in nursing was first expressed by the study published in 1923 under the title *Nursing and Nursing Education in the United States* and variously called the Rockefeller Report, the

Goldmark Report, or the Winslow Report. It may be noted that this study has lost not an iota of its value but continues to be a foundation stone in constructing or rebuilding any nursing program.

With the appointment of Mary Beard as "Assistant Director, Medical Sciences," some four years ago came a marked stimulation of an already established activity. Under her wise and far-seeing guidance student nurses from the countries desirous of assistance in establishing modern nursing programs have been placed in schools in the countries which already had made demonstrable progress. Graduate nurses from many countries have been given opportunity for postgraduate study and observation.

This country has received and given of its best postgraduate opportunity to many nurses from other lands. Nurses from countries where nursing is well advanced have come for observation and comparison of methods. Carefully selected groups of Fellows chosen from the faculties of our schools of nursing have travelled and observed in this country. Out of these shared experiences, it is believed, will come a higher level of nursing achievement in all countries.

Recently a few American nurses have been invited by the Foundation to visit nursing centers in Great Britain and Continental Europe. Effie Taylor of Yale, Elizabeth Burgess of Teachers College, and Mrs. Elizabeth Soule of the University of Washington are among those who have enjoyed this privilege.

Now it has come to the Editor of the *American Journal of Nursing*. With the keenest zest she has sailed for France to begin what must surely be a most stimulating series of visits. She has been assured of a warm welcome by many of those whom we already call friends through the happy contacts of the International Council of Nurses and through the visits to National Headquarters of many of the Foundation's Fellows and visitors. *Journal* readers will, we know, look forward to reading reports of Miss Roberts' observations on her return.

Love came down at Christmas
Love all holy, Love divine
Love was born at Christmas
Stars and angels gave the Sign.

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY NINA D. GAGE, M.A., R.N.

The Teaching of Prevention[1]

Through the Curriculum of the Undergraduate Nurse

ANNIE W. GOODRICH, R.N.

THE subject upon which I have been asked to address you not only signifies the increasing demand of the public health field for a qualified nursing service, but to a believer in democracy is reassuringly significant of a steady if slow turning of the wheel of social evolution. A logical next step to the acceptance of state responsibility for the education of the citizen, a provision of comparative recency, is state responsibility for the creation of healthy individuals as fundamental to intelligent citizenship.

Important as it is that today the curriculum of the school of nursing should emphasize preventive medicine, it is more important, if the objective is the application by the nurse of preventive measures through every branch of her practice, that the institutions or organizations through which the clinical content is obtained should be consistent demonstrations of a health project.

Undoubtedly the emphasis now and increasingly placed by the public school system on the importance of health, and the oversight of health in the industries through an increasing understanding of the economic assets of such provision, will be important factors in the health education of the community, but this very enlightenment of the community concerning health will lead institutions so intimately concerned with the subject as hospitals and out-patient departments to function as health centers.

The very variety, number, and type of individuals (patients, students, and workers) passing through these institutions would seem to make such a program imperative. It would, I think, seem incredible to an enlightened public that the entire personnel should not be included with the patients in a program providing examination for the finding of existing defects and their correction, and education in the tenets of preventive medicine in every institution for the care and cure of disease. I question if in many hospitals today such a comprehensive program for the patients and personnel obtains.

I have of necessity limited my discussion of the subject to the program of the Yale School of Nursing mainly. This school was made possible through a subsidy given with the understanding that the curriculum should be shaped to emphasize consistently preventive medicine. The clinical content has therefore included not only experience in the medical, surgical, obstetrical, and children's services of the hospital and out-patient

[1] Read at the New England Health Institute, Boston, April 14-18, 1930.

departments, but in communicable diseases, a department in which the New Haven Hospital fortunately offers excellent experience, and in psychiatry through the Butler Hospital for Mental Diseases at Providence.

Experience in such prevalent diseases as tuberculosis and syphilis is obtained, in the case of the former through the communicable disease department, that always carries an appreciable number of cases, and the out-patient department; in the latter, through the out-patient department where an excellent piece of work is being done both in the clinic and through the follow-up of the cases.

What we are seeking to achieve through the basic undergraduate course may be briefly stated as a program through which the student acquires

1. An awareness of those factors, physical, social, and economic, that bear directly and indirectly upon any given case.

2. A knowledge of existing means for effecting the desired end result.

3. A shared responsibility in relating the case to such means.

I shall discuss the course from the standpoint of these three objectives.

1. An awareness of those factors, physical, social, and economic, that bear directly and indirectly upon any given case.—This implies observation, study, and experience in existing types of disease through what is characterized as the "case-study method," a method to which the student is introduced during the preclinical term, through the course entitled "Problems of the Individual and Society in Their Relation to Health and Disease," which presents an analysis of the personal and social problems of the individual in his adjustment to life, including a consideration of the modern theory and practice of case work. Social institutions in their relation to problems of the individual, illustrated through activities of this community.

The lectures and classes in this course cover a period of thirty hours, with the excursions covering a period of fifteen hours.

The course is given chiefly by a case worker, supplemented by special lecturers in the field of sociology, and instructors in the various services of the hospital.

Throughout her clinical experience the student obtains practice in case work through the assignment of cases and the requirement of case studies and case records as included in the content of any course, such as pediatrics, obstetrics, et cetera.

Group discussion of cases conducted by the nurse instructors have been found of distinct value in stimulating interest and quickening the insight of the student not less in the care of the patient than in the written reports of these cases.

Since I have but recently returned from the Orient, it is inevitable that the impressions of that strange and rich experience that dealt mainly with health problems should impinge upon any consideration of the field of health in this country.

I believe the following excerpts from a case study on obstetrics by a Chinese student nurse of the Peking Union Medical College Hospital, as illustrating the relation of these studies to public health, will be of as great interest to this audience as it was to me. The headings under which the data falls are indicative of the comprehensiveness of the study. I regret that time permits no more, with a few exceptions, than mention of them.

A Case Study in Obstetrics

I. *History*

A. Social

The patient, an educated Chinese woman of thirty-six, was admitted to the obstetrical ward of the Peking Union Medical College on December 14, 1929. She was born in

Kiangsu Province where she started her primary school at the age of ten. Then she continued her school until she graduated from the Chang Kiang High School at the age of twenty-two. After that, she taught for about six years. By this time, she was very popular to the match-makers. Finally she married to a college graduate of the Nanking University. Since then she has come to the old Peking with her husband, who is working now as a secretary in American Legation at Chiao Min Hsiang.

Personally, the patient gives one the impression of being very capable, clever, and sensible though she looks rather small with bound feet. She was always kind, courteous, and coöperative. Above all, she has a warm heart and friendly spirit.

B. Health habits

1. Mental outlook

Patient seems very happy and pleasant to others. She is always of even temperament and she loves her children. Certainly she is a qualified mother and a person of goodwill, healthy mind, and always reasonable.

2. The use of leisure interest

3. Cleanliness

For this point, there is not much to say, for the patient knows and does cleaning herself as well as her children in the way she learned from the hospital with facilities of her home conditions.

4. Dietary habits
   a. Appetite
   b. Weight
   c. Types of food
   d. Other sources of intake
   e. Sleep and rest
   f. Exercise and fresh air

C. Obstetrical history

1. Past history
   a. First pregnancy
   b. Second admission
   c. Third admission
   d. Fourth admission

2. Present obstetrical history (discussed in detail)

II. *Symptoms*

III. *Confinement*

IV. *Postpartum care*
   A. To mother
   B. Care of baby

V. *Instructions given to the patient*

A. In general. There was very little to be taught to the patient in regard to the general health habits such as diet, rest, and work, et cetera, except she often gets constipated. For this, I taught her to drink a lot of water and take green and bulky vegetables and she may practice abdominal exercises and massage which I showed her the other day.

B. Preventive measures, local treatments.

C. Care of the baby. Patient said she has been following the way of caring for children of the hospital. The hour of feedings, bath, sleep, are all arranged as closely as possible to that of the hospital. So there is not much new instruction to give in regard to her child.

D. Future plans

Patient said the other day that she would like to have her uterus out and become sterile. The reasons for such an attempt were quite reasonable. The following are the main ones:

Firstly, she felt that there have been quite enough children in the family for her to take care of.

Secondly, the larger the number of children, the less chance there will be for each of them to get adequate and proper education.

Thirdly, she would not want to suffer any more from being pregnant.

As I listened to these reasons, I agreed heartily, but at the same time I did not like to show any approval. This, as it stands, is a problem of birth control and should be practiced among the lower class of people especially in China. On the other hand, the educated people, such as this patient, should do their best to have more children in order to raise the intellectual standard of our nation.

However this is the theory of it, the truth of it could be proved when time comes.

After all, I am fond of her and enjoy this case study. I promised her to visit her home when I become a public health probationer next year.

VI. *Sources of information*

1. *Obstetrics*, by Williams, 1921
2. *Obstetrical Nursing*, by Carolyn C. Van Blarcom, R.N.
3. *Materia Medica and Therapeutics, by* Parker
4. *Useful Drugs*
5. *Children's Diseases*, by Lucas
6. *Students' Hand Book on Nursing Care Studies, Fenner*
7. Chart of the patient.

Another student presenting also an excellent study of an obstetrical case summarizes as follows:

What I have learned from this case study: Firstly, it gives me a chance for studying and relating the procedures for management of delivery. Secondly, it presents a very vivid picture through the symptoms observed of a normal delivery. Thirdly, it gives me an opportunity for practicing the general and special care for promoting the welfare for both mother and baby after delivery. Fourthly, by the digging of information from different sources, it increases my knowledge in the obstetrical field. Fifthly, by paying attention to one particular case, it gives me a more impressive inspiration about the nature of motherly love to her child. In time of labor she suffered to the greatest extent and yet she smiled twelve hours afterward when she was nursing the baby. Of what phenomena does this reveal? On the whole it contributes a great deal of interest and motive to me for digging further in the field of obstetrics.

The information which I got are as following:

1. Conversation with the patient
2. *Obstetrical Nursing*, Van Blarcom
3. Ward routine
4. Lecture on obstetrics
5. Patient's chart.

The fact must not be overlooked that these students are presenting their studies not in their native tongue but in an acquired language. It is true, however, that the students in this school have had one and some two years in Yenchang College.

2. A knowledge of the existing means for effecting the desired end result.—The complexity and multiplicity of the health and welfare organizations and institutions present a confusing picture rather than an ordered scheme of physical and social relief, but it is, we believe, important that the students be introduced to some of these activities, especially those with which contacts are most often made, either through addresses from representative executives or excursions, or both. As early impressions are the most enduring, some of the excursions are included in the course which has already been mentioned (Nursing 91).

The course in the Elements of Public Health which comes at the end of the first or the beginning of the second year is designed to give the nurse a picture of the modern health movement and of the relation of the nurse to official and nonofficial agencies in this field. The fifteen didactic hours are given by Dr. C.-E. A. Winslow and the thirty hours for classes and excursions by a member of our faculty.

Another course, "The Relation of the Nursing Profession to the Community Health Program," traces the evolution of social thought and responsibility as expressed through increased community provision and support of the various health and welfare organizations; the creation of new and varied types of workers; the development, function and power of the professional organizations and the importance of their close interrelationship and their part in the social program.

Another and important course deals with the Principles and Methods of Health Teaching, and lastly the course in Generalized Nursing in the Community provides 26 hours of lectures and classes and a field experience of 342 hours. This field experience which projects the student into the community and the homes in the community, coming as it does in the last year of the basic professional preparation is in effect a summarization of her previous and specialized clinical experience and theoretical content.

In addition to the courses definitely dealing with public health and the preventive aspects of the clinical experience there are various experiences which bear directly and indirectly upon the subject under consideration. The report for any given

month of our nutrition worker clearly indicates the important part she plays in the health program. It must be understood that the course in diet in disease and the experience in the diet kitchen are carried by one or more of the dietitians. The nutrition worker carries the course in Nutrition and Cookery designed to "familiarize the student with the problem of satisfying the nutritional needs of normal individuals and groups of people, and with methods of preparation and the use of foods." Her additional function is best illustrated by the following report for the month of February:

Nutrition Worker's Report for February, 1930

Formal Teaching

During February the nutrition worker has had one introductory conference on tray service with a new group of affiliating students.

One lecture on nutrition during childhood has been given to a group of affiliating students.

Three three-hour practice periods in health education for the Yale class of 1931 have been given by the nutrition worker in connection with the course in Principles and Methods of Health Teaching. These practice periods are held in the dispensary every Saturday morning. The students work in groups of two. At this time they set up an exhibit which will teach some health lesson. Then they have conferences with individual patients in prenatal, pediatric, and T. B. children's clinics. The experience the students are getting in this work should be of great value to them in their public health field work.

Formula Room

Eighteen afternoons and one morning were spent instructing students in formula room technic. A one-hour conference on the principles of infant feeding was given to each of the eight groups of students while in the formula room.

Prenatal Clinic

Individual conferences concerning diet were held with fourteen patients. Three students and one guest have attended these conferences. A talk on nutrition during pregnancy was given to the mothers' class in the dispensary.

Medical Clinic

Five patients were given dietary advice during the month.

T. B. Children's Clinic

Thirteen children were given individual conferences concerning diet. Seven of these conferences were given by Yale students of the Class of 1931. Four affiliating students have attended these conferences.

Health Service for Nurses

Individual conferences were given to three over-weight students, three under-weight students, and two students troubled with constipation.

The growing emphasis on dental hygiene and prophylaxis is brought to the students' attention through their instruction in the care of the mouth by the dental hygienist. Their own periodic health examination by a physician in the University Department of Health, the examination and correction of defective posture through the Physical Therapy Department and their later work in the defective posture clinic of the Out-patient Department familiarizes them with developments in the field of physical therapy. Occupational therapy is included in their course in mental diseases; an aspect of occupational therapy, however, is brought to their attention through the provision by the Board of Education of a teacher for the children in the pediatric and orthopedic wards.

Of no small importance, perhaps of the greatest, is the brief period in the nursery school, which gives the students at least an insight into the recent developments in education in relation to the early formation of good food and behavior habits of the normal child.

A complete presentation of the course in Pediatrics which includes several of the items I have mentioned will be found in Bulletin II[2] of the

[2] This bulletin may be obtained through the office of the Yale School of Nursing at a cost of $1.00 (80 cents each, for six or more).

Yale School of Nursing, a bulletin compiled as a means of acquainting the students with the data required in the Pediatrics course.

3. *A shared responsibility in relating the case to the means for effecting the desired end result.* As indicative of the result to the student of the educational program which I have briefly outlined, the following excerpts are of interest. They are culled from papers submitted in lieu of examination upon the completion of the course in Elements of Public Health, the instructor giving a number of topics from which the student was privileged to make her selection. The papers give distinct evidence, it seems to me, that the curriculum has to a very appreciable extent achieved its purpose.

The following are some of the topics selected by the students and the excerpts to which I refer:

Present Trends in Public Health Nursing.—The public health nurse of today is a highly trained individual, trained both as a nurse and as a teacher, for *prevention* through *education* is the keynote of the modern movement, and one engaged in this profession will find her ability as a teacher as necessary as her training as a nurse. Just as medicine, due to such early discoveries as the cure for smallpox, Pasteur's germ theory of disease and contagion, and others, has swung from curative to preventive aspect of disease, so the public health nurse is no longer interested in only passing relief but in permanent cure or prevention.

The final outstanding characteristic of modern public health nursing is its coöperation with other social agencies—Red Cross, charitable organizations, doctors—and with other public health departments. It has been found absolutely essential for the public health nurse to coöperate thus to secure the most effective results.

The trends briefly enumerated are: Bedside nursing plus education; prevention rather than mere cure; extension of interest to embrace all; public rather than private control; generalization rather than specialization; coöperation with other agencies, especially trained workers; good organization.

The Institutional Nurse as a Health Teacher.—All the material used for health teaching in the public schools is at the command of the hospital school teacher to use and the nurse can assist her in infinite ways. Individual habit training, while it really needs consecutive, consistent treatment in most cases, can be tried, surely with some effect. Behavior problems have to be met and dealt with and coöperative plans formed for treating these. When we just consider for a moment that an immense amount of health material is used in school classes and groups, we realize how much opportunity there is for health teaching to children. It is a fertile field and there is a great deal that can be well adapted to ward teaching. This should be a challenging, stimulating job for an institutional nurse with vision and the proper training to carry through successful health-teaching projects for use in pediatric wards. The working out of these projects, while difficult, should be as fruitful as health teaching in the schools, though in the wards the teaching may have to be more individual, due to the different-aged children.

The Nurse as a Health Teacher in the Summer Camp.—As before stated, both rich and poor, and high and low classes can make profitable contact with the nurse. Though the wealthier campers may come from exceedingly well regulated homes, they may be nervous, have poor nutritional habits, poor elimination habits, and poor habits of relaxation. The nurse can recognize these and with tact and grace encourage changes. The children from poor families may have these disadvantages as well as a poor practical knowledge of general cleanliness. Both rich and poor may have mental difficulties as inferiority or superiority complexes, which the nurse with the aid of other camp counselors may be able to cope with.

Public Health Work among the Indian Reservations.—The public health nurses are called field nurses. Their work would seem to resemble that of a county nurse. They do health education work in the public schools, the Government day schools, and, in some instances, in the boarding schools and in the Indian homes on the reservation. The demand for bedside care may vary in different stations. Some bedside care offers the greatest opportunity for getting the sympathy and understanding of the people. It is, however, both impossible and unwise to make bedside care the greatest factor, for several reasons. One is, the hospitals should be used to a larger extent than is customary at present. The field nurse should be a great influence in stimulating the use of the hospital, both because she brings new cases to the hospital

and follows the cases that leave the hospital to make sure that the hospital work is complete and satisfactory. In doing too much bedside nursing, the work all tends to turn toward the relief of sickness rather than to be a "preventive" phenomenon. Constant effort is necessary to prevent this. Although it requires considerable patience to organise group work for the betterment of health conditions among the Indians, it is found that after a period of individual work, they begin to see the value of group instruction in such things as home care of the sick, first aid, care of infants and children, and the care of tuberculosis and trachoma. These two latter-named diseases are outstanding among the Indians. Indian mothers are taught through clinics and home visits the value of sunshine, cleanliness of house and person, proper food, invalid cooking, value and care of cows and chickens, also vegetable gardens. To what extent these mothers are being influenced, is difficult to state in terms other than the number of visits made, as mentioned above. In time, and with increased nursing personnel of the present character, together with improved and extended material facilities, further good results may be expected.

There are also the travelling surgical nurses who are attached to the travelling specialists in eye, ear, nose, and throat diseases. These physicians make regular weekly trips and, during their visits, they examine carefully all children in the school and as many of the Indians residing on the reservations as is possible, giving surgical work as required and outlining proper treatment to be carried on by the local school and reservation physicians. The assisting nurse may be called upon for almost any type of work from teaching a mother how to cook for her tuberculous daughter, to helping the school teacher with a parent-teacher's meeting.

A Course of Public Health in a Training School.—Should the basic nursing course deal only with sick nursing and leave the preventive and social aspects to postgraduate courses for those particularly interested in the public health field? The present theory is that health teaching is as fundamental as the care of the sick and that the nurse is essentially a teacher. One of the severest criticisms of nursing today is that it subordinates the human element to technic. Because of this evolution in point of view of those interested in public health, the best nursing schools are bringing out elements of public health throughout the course. Institutional nurses and private duty nurses are public health teachers just as much as those who visit the homes of the poor, and therefore a public health course should not be elective, but should be just as much an integral part of a nurse's training as a course in surgery.

Having arrived at that conclusion the question is how best to present the subject of public health so as to arouse the student's interest. A thirty-hour course has been suggested which is to be called Modern Social and Health Movements. Twenty-six hours of this course should be taken up with lectures by qualified health and social workers, two hours should be left for reports and discussions on assigned topics (*Curriculum*, National League of Nursing Education).

It seems to me that two hours is hardly enough for discussions and reports, and that twenty-six hours is a long time to be exposed to lectures of which more than 60 per cent of the information would probably not be remembered. If the class could be divided into small groups and discuss various phases of public health, all of the members coming prepared to speak intelligently on the subject, I think the students would find the course more stimulating and instructive. A certain amount of reading should be required and a book report or two and an examination might or might not be required. After all it is more important to fill a student with interest in a subject than to cram him with facts which he will forget. A person who is interested will gather together a great deal of information and provide the enthusiasm which is necessary for progress in work of any kind, whereas a passive listener can act like a watershed to any kind of information.

I think the main object of a course in public health should be to arouse curiosity and a desire to find out more about what is being done. All the other points (outlined under the objects of a public health course) will then follow of themselves. A training school has hardly sufficient time to give to such a course to cover all the important points, and if the avenues of approach are pointed out and an enthusiasm is aroused to follow down those avenues we will begin bridging the gap between the 50,000 public health nurses needed in America and the 11,000 actually working in the field.

Summarisation

I DO NOT believe it to be an idle dream, but a realizable objective, that the great outstanding special contribution of women of today and tomorrow should be the cleaning up

and making habitable, orderly, decent, even beautiful, the dark places now to be found in almost, indeed every, town or city of any appreciable size. It was the women of the past who were largely responsible for the cleaning up and making beautiful of the pesthouse and asylum, for so were formerly designated the institutions that today in their most modern expression care for those in moderate circumstances, indeed the very poor, in a manner not heretofore obtainable by any social group. But there is much yet to be done. It was of great interest to me that one of the most complete health programs for the personnel of a hospital I found in the Peking Union Medical College Hospital. Our colleagues, American and Chinese, are achieving in China an extraordinary piece of work. We of the West must look to it that we measure up to their expectations.

I doubt if anywhere in the world could be found a more convincing evidence of social evolution than is presented in Peking. For whereas formerly the gleaming roofs of the Forbidden City dominated the landscape, today the most beautiful and conspicuous buildings of Chinese architecture are those of the Peking Union Medical College and Hospital. Under these roofs the poorest outcast and the wealthy citizen may receive the same skilled medical and nursing care, while the Forbidden City, from whose splendors all but those of the Imperial entourage were excluded by armed soldiers, two massive walls and a moat, is a city of the past, a dead city, with weeds growing over stones once too sacred to be trod by any but Imperial feet. May we not dare to hope that the Peking Union Medical College through its hospital, its dispensary and its health center, the latter under governmental control, is a symbol of a new social order arising through the coördinated efforts of a United East and West.

Case Records

For Students in Unsegregated Services

A GRADUATE nurse had decided to spend a semester in postgraduate study particularly emphasizing courses which would help her in teaching. When she sent to her school of nursing for credentials, she found out some rather disquieting things. She learned that while there *was* a record that she had spent six months on Floor A, eight months on Floor B, and four months on Floor C, there was no record nor could anyone tell her just what types of patients she had cared for during those months, nor from what ailments they had suffered. Yet in that eighteen months were included her four months' preliminary period, all of the medical, all of the surgical, and all of the pediatric nursing experience which she had had as a student. The record of operating-room experience was fairly definite; obstetrics she had had through affiliation; but the *backbone* of her student experience had gone unrecorded, except for a short statement about dates and floors. The hospital had been small and therefore it had not been possible to group the patients within medical, surgical, or pediatric wards. And so there was lacking the definite information needed before she

could matriculate for the postgraduate courses in teaching. And the result was much irritation on the part of the nurse because her own school had so treated her, and because the institution of higher learning would not accept her statement of what she remembered about her training in lieu of a nursing-school record.

To another school came a new superintendent of nurses. She found in her files no information which showed precisely the experience which the students still in the school had had. Months and floors were mentioned but here again, since patients were not segregated into services, the records available failed to guide her in her planning for the remaining experience of the students then in the school.

The Problem Not Limited to Small Schools

IN these two instances the problem was that of the nursing school in the hospital so small that it was not possible to segregate the services. But the problem is not limited to the small school, because many large schools are attached to hospitals which have, as part of their organization, private floors or pavilions in which the services are mixed. And while students in these schools do have experience in wards given over entirely to medical or surgical or obstetrical or pediatric patients, the experience gained on the private floors goes unrecorded except as "Private-Patient Experience."

And again it frequently happens that a medical condition is found in the surgical patient, or vice versa, and these facts go unrecorded.

Even in hospitals where services are separated the student's experience will vary with the time of the year in which it is given; with the period in her training in which it is given; and according to the activity of the service. That is, the medical experience gained during the winter differs considerably from that gained during the summer. The student who goes to a ward in her senior year should expect to get rather different experience from that which she had in her first year. And the hospital which has an active service will give in three months a different kind of experience from the hospital which cares chiefly for chronic cases. And though the records may show that the student has had the required number of days of medical, surgical, or other experience, it is important to know also just what made up those days, whether they included a preponderance of rheumatic fever patients, or of gastric ulcer cases, or whether the cases offered were varied and well balanced.

The problem of recording the students' clinical experience, then, is a general one and is not limited to the small school alone. It is also the problem of the state boards of nurse examiners which are responsible for maintaining state standards. Some of them are offering their schools very definite help, either by adopting state record forms, or by advising individual schools which are attempting to work out their own record forms. In some instances individual schools have taken the initiative in working out record forms for their own use.

What Information Should This Record Give?

FIRST of all, what information should a record of this type give? Those offered here give part or all of the following information:

1. The individual cases cared for, listed according to diagnosis, name, bed, or room number, and whether man, woman, or child.
2. The amount of time which the student

spent in caring for these patients, in hours, nursing days, and calendar days, in detail and summarized.

3. A duplicate of the record for the student to keep.

Date		*Medical*	*Surgical*
Dec.	1..........	2	1
	2..........	4	0
	3..........	Day off	
	etc.		
Total...........		30	60

Total, 90 patients in 30 days
Average, 3 patients in 1 day

Number of medical days equals $\dfrac{\text{Medical Patients}}{\text{Patients per day}} = \dfrac{30}{3}$ or 10

Number of surgical days equals $\dfrac{\text{Surgical Patients}}{\text{Patients per day}} = \dfrac{60}{3}$ or 20

4. An explanation of the method used in computing the amount of time spent in the different services.

It will be seen that the records discussed here range from the very simple ones, whose only purpose is to show how the student nurse's time is divided when medical and surgical patients are cared for in the same ward, to the more complex ones which record each patient and his diagnosis as well. Each of them contributes something to the general group of principles which underlies the making of such records.

The simplest is intended to show only the number of days spent in medicine and surgery when these services are combined in one ward or department. It does not indicate the

Student	Type of Case	Age	Room	Dates and Days of Service																				
Verona Holm	Arthritis	13	Oct. 305	15 / 1	16 / 2	17 / 3	18 / 4	19 / 5	20 / 6	21 / 7	22 / 8	23 / 9	24 / 10	25 / 11										
Healy, Helen	Lymphatic Leukemia	4	Oct. 326	[illegible] / 1	[illegible] / 2	[illegible] / 3	[illegible] / 4	[illegible] / 5	20 / 6															
" "	Draining Abscess	11	Oct. 326	[illegible] / 1	[illegible] / 2	[illegible] / 3	[illegible] / 4	31 / 5	Nov. / 6	2 / 7														
Mary Toolis	Appendectomy	9	Oct. 230	[illegible] / 1	[illegible] / 2	27 / 3	[illegible] / 4	[illegible] / 5	30 / 6	31 / 7	Nov. / 8	2 / 9	3 / 10	4 / 11	5 / 12	6	7							
Agnes Adams	Splenectomy	12	Nov. 310	10 / 1	11 / 2	12 / 3	13 / 4	14 / 5	15 / 6	16 / 7	17 / 8	18 / 9												
Florence McDonald	Exstrophy of Bladder	5	Nov. 230	12 / 1	13 / 2	14 / 3	15 / 4	16 / 5	17 / 6	18 / 7	19 / 8	20 / 9	21 / 10	[illegible] / 11	[illegible] / 12	[illegible] / 13	[illegible] / 14	[illegible] / 15	[illegible] / 16	[illegible] / 17	[illegible] / 18	[illegible] / 19	Dec. / 20	2 / 21
Mildred Marks	" " "	5	Nov. 230	[illegible] / 1	[illegible] / 2	[illegible] / 3	[illegible] / 4	[illegible] / 5	[illegible] / 6	[illegible] / 7	[illegible] / 8	[illegible] / 9	21 / 10											
Julia Campanoni	" " "	5	Nov. 230	[illegible] / 1	[illegible] / 2	[illegible] / 3	[illegible] / 4	[illegible] / 5	27 / 6	28 / 7	29 / 8	30 / 9	Dec. / 10	2 / 11	3 / 12	4 / 13	5 / 14							

FORM I

diagnoses of the patients cared for. A card like that at the top of page 1558 is made out for each student. A daily record is kept.

In this method thirty days are counted for each month in order to make the figuring easier, and when there are thirty-one days in the month the extra day is given to the heavier service. If there is a fraction the extra day is given to the service having the larger fraction.

Form I on page 1558 takes care of the problem resulting when one special service, or special branch of a service, is grouped with another service, as when gynecology or surgical pediatrics is combined with general surgery. In this case the forms are posted on each of the surgical sections in the hospital, and the students having experience in surgical pediatrics check it daily. Both diagnosis and room number are entered on the record.

Several schools or states are using forms somewhat similar to those put out by companies dealing in record forms. Form II on page 1560 provides for recording the diagnosis, the patient's bed number (which helps the student to remember the case), and the sex of the patient is indicated by marking the diagnosis "M" or "W." Children's service is indicated by using red ink. The summary at the foot of the record shows not only the number of cases, the diagnosis, and the number of nursing days, but the number of calendar days spent in men's, women's, and children's medical, gynecology, surgery, and the special services. Attention is also called to the series of record forms published by the Physicians' Record Company, of Chicago.

Following is the method used in estimating the number of days' experience in each service. Figures are taken from the summary, Form II.

	Medical		
Men	Women	Children	
6	8	14	
8	5		
	6		
14	19	14	= 47 total medical nursing days
	Surgical		
18	8	13	
8	4	2	
	3	18	
	6		
26	21	33	= 80 total surgical nursing days
	Gynecological		
	6		
	5		
	11		= 11 total gynecological nursing days
June—30 days			= 138 total nursing days

Let M equal men's medical in calendar days
M′ " women's medical in calendar days
M″ " children's medical in calendar days
Let S " men's surgical in calendar days
S′ " women's surgical in calendar days
S″ " children's surgical in calendar days

Then M : 30 : : 14 : 138
138 M = 420
M = 3

S′ : 30 : : 21 : 138
138 S′ = 630
S′ = 5

NURSES' CASE REPORT

FOR PATIENTS RECEIVING NURSING CARE

Name, *Mary Jones* Month, *June 1928*

Class, 1930 Department, *Private Floor*

Bed. No.										
1	M n Gastric Ulcer	M n Pleurisy		W n Neurasthenia	W n T. & A.					
2	"	"		"						
3	"	"		"					W n Ovarian Cyst (R)	
4	"	"		"	W " n				"	
5	" m (2)	"		"	"		W n Earache		"	
6		"		"			"		"	
7		"		"	Double n Mastoid		"		"	
8	W Fistula n in Ano	"		"	"			Pneumonia	"	
9	"	M n Appendectomy			"			"		
Numbers 10 through 24 have been omitted here to save space.—EDITOR										
25	W n Facial Palsy	"		n Appendectomy				M n Gall Bladder Adhesions		
26	"			"				"		
27	"	W " n		"				"		
28	"	"		"				"		
29	"	"		"				"		
30	"	"		" (2)				"		
31										

M. Vanyer, *Supervisor*

SUMMARY OF CASES

Name, *Mary Jones* Department, *Private Floor* Month, *June 1928*

No. Cases	Medical	No. Days	No. Cases	Surgical	No. Days	No. Cases	Gynecological	No. Days	No. Cases	Ear Eye Nose Throat	No. Days
2 1	Gast. Ulcer (M) Pleurisy (M)	6 8	1	W Fis. in Ano	8	1	Ovarian Cyst.	6	2	T. & A. (W)	3
1	W Neurasthenia	8	2	M-18 W-4 Appendect.	22	1	Dysmenorrhea	5	1	Earache (W)	3
1	W Pharyngitis	5	1	W Bruised Ankle	3				1	T. & A.	2
1	W Facial Palsy	6	1	M G. Bladder Ad.	8				1	Double Mastoid	18
1	Pneumonia	14	2	Appendect.	13						

M—Medical 3M—4W—9C
S—Surgical 6M—5W—7C
GYN—Gynecological 2

T & A—Tonsil & Adenoids
E—Ear
O—Orthopedic
Mark All Childrens Service in Red
Write in Diagnosis

Eye—
N & T—Nose & Throat
N—Neurological

138 Nursing Days

Private Service—30 days

FORM II (RED MARKINGS ARE HERE IN HEAVY TYPE)

M′ : 30 : : 19 : 138	S″ : 30 : : 33 : 138
138 M′ = 570	138 S″ = 990
M′ = 4	S″ = 7
M″ : 30 : : 14 : 138	G : 30 : : 11 : 138
138 M″ = 420	138 G = 330
M″ = 3	G = 2
S : 30 : : 26 : 138	
138 S = 780	
S = 5.6	

Summary:

Total calendar days medical nursing	10
" " " surgical nursing	18
" " " gynecological nursing	2

Another method of estimating the number of days' experience in each service is also shown, using again the figures in Form II:

M. M.	W. M.	M. S.	W. S.	C. M.	C. S.	Gyn.	
6	8	18	8	14	13	6	
8	5	8	4		2	5	
	6		3		18		
			3				
			3				
14	19	26	21	14	33	11	= 138 total nursing days

$\frac{14}{138} \times 30 = 3$ M. M.

$\frac{19}{138} \times 30 = 4$ W. M.

$\frac{26}{138} \times 30 = 6$ M. S.

$\frac{21}{138} \times 30 = 5$ W. S.

$\frac{14}{138} \times 30 = 3$ C. M.

$\frac{33}{138} \times 30 = 7$ C. S.

$\frac{11}{138} \times 30 = 2$ Gyn.

Total, 30 calendar days.

Or, determine the total number of nursing days by adding the number of days spent on each case. In this instance the total number is 138.

To determine how many nursing days are required to equal one calendar day, divide the total number of nursing days by the number of days the nurse has been on duty during the month:

Student on duty 30 days during June.
138 ÷ 30 = 4.6.
Therefore 4.6 nursing days equals 1 calendar day.
From the summary sheet determine the total number of nursing days for each service:

M. M.	W. M.	M. S.	W. S.	C. M.	C. S.	Gyn.
6	8	18		14	13	6
8	5	8	8		2	5
	6		4		18	
			3			
			3			
			3			
14	19	26	21	14	33	11

To determine the calendar days on each service, divide the total number of nursing days on each service by the number of nursing days equal to one calendar day:

M. M. 14 ÷ 4.6 = 3.4 or 3 M. M.	C. M. 14 ÷ 4.6 = 3.3 or 3 C. M.
W. M. 19 ÷ 4.6 = 4.1 or 4 M. M.	C. S. 33 ÷ 4.6 = 7.5 or 7 C. S.
M. S. 26 ÷ 4.6 = 5.6 or 6 M. S.	Gyn. 11 ÷ 4.6 = 2.3 or 2 Gyn.
W. S. 21 ÷ 4.6 = 4.5 or 4 W. S.	

It will be seen that each of these methods of computing the time spent in each service gives the same result.

side making them more sure of the diagnosis, it contributes to their personal interest in their patients.

IMPORTANT

Case records are for the use of students in those schools in which services are not segregated.

To arrive at an approximate estimate of work done during the month add the columns and find ratio between the same. For example: If medical columns totals 120 and surgical 61, it would be sufficiently accurate to say ⅔ of the month (20 days) spent in medical work and ⅓ (10 days) was spent in surgical work.

On night duty or any time when there are more than eight cases under observation choose not to exceed eight cases for the record. The nurse should have any recorded case under observation at least eight hours during the day.

SUMMARY OF CASES OBSERVED

Ward............ Month of.................... By Miss..............................

Medical Cases	Days	No.	Surgical Cases	Days	No.	Miscellaneous	Days	No.

FORM III

Record form III is the reverse side of a form somewhat similar to Form II. It carries, in addition to instructions for estimating services, a duplicate of the summary shown on the face of the form. It is thus possible for the student to keep the complete report while the summary can be detached and sent to the school office for filing in her record. Students often insert the patient's name and keep the face of the record almost as a diary. Be-

The record forms IV and V, on pages 1563 and 1564, is ruled for medical and surgical nursing on one side and for pediatric and obstetrical nursing on the other. The last two services are further divided: Pediatrics into surgical, orthopedic, medical, and milk laboratory; obstetrics into deliveries, mothers, and infants. One aim of this record is to show the amount of nursing experience in hours as well as in days. Night duty is indicated in

STUDENT'S CASE RECORD Name..

Day of Month:	1	2	3	4	5	et cetera
Medical (including Communicable)						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Surgical						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

KEY.—Day hours in black ink; Night hours in red ink; Relief hours in black ink.

FORM IV

red ink. If accurately kept the record would also be helpful in showing how much time is needed for the care of different types of patients.

In Form VI on page 1565, the letters A, B, et cetera, represent the major headings in a classification of surgical diseases. The figures 1, 2, et cetera, represent particular disorders in each category. Thus A stands for diseases of the alimentary tract; B for diseases of the gall bladder, pancreas, liver, and spleen; C for diseases of the respiratory system, et cetera. Under A, 1 is carcinoma; under B, 2 is splenectomy, and so on. Medical conditions are classified in the same way. A key is provided for reference in checking the record.

The record forms shown came to the *Journal* in response to a request for help with this problem which was sent to the state boards of nurse examiners in eight states and to six individual

STUDENT'S CASE RECORD Name..

		1	2	3	4	5	et cetera
	Day of Month:	1	2	3	4	5	et cetera
PEDIATRICS	Surgical and Orthopedic 1						
	2						
	3						
	4						
	5						
	Medical 1						
	2						
	3						
	4						
	5						
	Milk Laboratory						
OBSTETRICS	Deliveries 1						
	2						
	3						
	4						
	Mothers 1						
	2						
	3						
	4						
	Infants 1						
	2						
	3						
	4						

KEY.—Day hours in black ink; Night hours in red ink; *Relief* hours in black ink.

FORM V

schools. They show that steps are being taken definitely to improve the keeping of student nurse records. The success of such records, however, would seem to depend on:

1. A thorough understanding of the purpose of the record by head nurses and supervisors.
2. A thorough understanding by supervisors, head nurses, and students of the method used for estimating the time spent in the several services. This is extremely important. The record is worse than useless unless these groups know how to use it.
3. Assignment of patients to students on the case basis, e.g., the student has full responsibility for each of her patients instead of being assigned to "medicines," "treatments," and the like.
4. The record being kept up daily.
5. Records being filed in the school of nursing office on a definite day each month.

Student's Name: *May Blank* Date: *Apr. 1–Apr. 30* Duty: *Day 4th Fl.* Supervisor: *G. A. Black*

A									B		C					D				E		F				G			
Men																													
1	2	3	4	5	6	7	8	9	1	2	1	2	3	4	5	1	2	3	4	1	2	1	2	3	4	1	2	3	
		•																•											
																		•											
Women																													
		•																											

H						I			J			K	
Men													
1	2	3	4	5	6	1	2	3	1	2	3	1	2
					•								
Women													
			•										
			•										

Summary
Surgical

A—Alimentary Tract
B—G. B., Liver, Spleen
C—Respiratory system
D—Diseases of Breast
E—Glandular diseases
F—Nervous system
G—Fractures and sprains
H—Plastic surgery
I—Abscesses
J—Gynecological surgery
K—Orthopedic surgery

FORM VI

Records of this type are exceedingly important. The graduate nurse leaving her Alma Mater should have the assurance that there is a complete record of her experience on file in the office of the school of nursing, copies of which are easily obtainable; while a superintendent of nurses going into a new position should have equal assurance that she will find there a complete record for every student in the school upon which she may base the remaining experience which is due them.

Miscellany

Raising Admission Standards of the Legal Profession

THE letting down in the requirements for admission to the bar has attracted many to the profession who are incompetent and otherwise unfit to practice law. While an effort has been made to raise the standards for admission to the bar within the past twenty years, this effort has met with indifferent success, and the increase in the number of lawyers in the last fifteen years is said to be so far beyond the increase in population that an honest livelihood must be impossible for many lawyers.

The tendency of our laissez-faire policy has been (1) the over-crowding of the bar; (2) the evolution of the legal profession into a trade. There are 45,000 young men and women studying to become lawyers. Law students are graduated at the rate of 8,000 a year.

With the passing of the custom of studying in a private law office, which had many things to commend it, has come into existence the night school and the so-called "law factory," institutions of mass production. Two of such schools in New York, I am told, have an income of $1,000,000 a year. These are in competition with established universities and law schools of high standards, and have made it difficult for the Association of American Law Schools to establish stricter requirements.

For several decades the American Bar Association attempted but little in the way of raising the standard for admission to the bar, but under the leadership of Elihu Root it finally adopted new recommendations and attempted to set standards for law schools.

With these recommendations we are all familiar. They have met with great opposition on the part of state bars, and custom and tradition yield slowly. The Commonwealth of Indiana has no educational requirements of any kind and no bar examination. Eight states do not require candidates to study law for any specified period. Fifteen states require applicants to produce no specific evidence that they are more than literate, while twenty-six others ask only high school training. There is, therefore, a long way to go before the American Bar Association's crusade can be crowned with success.

Closing the doors of the inferior law schools would seem imperative. The greater percentage of the law students are not in the high-grade law schools. They are in the schools where by a brief period of study enough facts and rules of law can be acquired to enable them to pass the bar examination.

In a recent address before the New Jersey Bar Association, Dr. Robert M. Hutchins, formerly Dean of the Yale Law School and now President of Chicago University, said: "The inferior medical schools have been practically run out of existence by the mounting cost of medical education, but there are more inferior law schools now than ever before, and, what is more serious, the proportion of lawyers being educated in them is steadily growing. The number of students in schools belonging to the higher group affiliated with the Association of American Law Schools is falling off, until today less than 30 per cent of the 45,000 men studying law are in Association schools. In Greater New York there are 14,000 law students; only 700 of these are in the schools which have standards high enough to be approved by the Association."

Housecleaning is an unpleasant task. A study of self is less exhilarating than a criticism of others, yet diagnosis must precede treatment.

Self-examination is a test of moral courage. It requires a great sweep of vision, backward and forward, for the bar of today to visualize the bar of yesterday and of tomorrow. Will the bar of tomorrow cherish and emulate the best traditions of the past and present, and will the profession continue to be one of high honor and distinction, expounding and defending the eternal principles of right and justice? . . .

Charged, as it is, with the responsibility for the administration of justice, it becomes a patriotic duty of the bar to see to it that these high priests of justice be worthy of the high calling, "Quit yourselves, like men."

Truth needs no defense—it needs only to be proclaimed. The lawyer has been, is, and, I believe, will continue to be, the best and greatest product of intellectual attainment, and the bar of tomorrow will be worthy of the best traditions of the bar of yesterday and today.—From the *United States Daily*, October 6, 1930.

Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR NURSING SERVICE, AMERICAN RED CROSS

Merry Christmas and Happy New Year

ONCE more Christmas, the natal day of the Prince of Peace draws near.

We celebrate this marvelous event with the giving of gifts, the interchange of good wishes and happy thoughts. The mystery and beauty of the story which surrounds the birth of Christ never loses its wondrous interest and uplifting power.

More wondrous still is the philosophy of life which Jesus of Nazareth gave to the world, a philosophy that has lived throughout the centuries since that event, and which has brought more love and greater peace into the lives of mankind than all other philosophies combined.

At this time our thoughts go out to those members of our Red Cross Nurse family, as well as to all members of the profession who may be in mental or physical distress, and especially those who are ill as the result of their service to others.

The present economic depression is already causing great suffering to nurses engaged in private duty work. We are particularly concerned about these. May the coming year bring relief to all those who are troubled or suffering.

To all members of our National, State, and Local Committees, and all Red Cross nurses, wherever they may be, or whatever they may be doing, go our best wishes for a Merry Christmas and a Happy New Year.

We Meet with Committees on Red Cross Nursing Service

WE have been privileged to meet with the members of state and local committees on Red Cross Nursing Service at two recent conventions of state nurses' associations—North Carolina and Pennsylvania—while Ida F. Butler, Assistant Director of Nursing Service, has met similar committees in Georgia, Louisiana, and Florida. In other states, notably Mississippi, Tennessee, and New York, Nursing Field Representatives, Helen Dunn in the former, and Mrs. Charlotte Heilman in the last-named, have represented the national office. Mrs. Elsbeth Vaughan and Rena Haig have covered recent meetings in their respective territories. We are deeply grateful to the boards of directors of state associations for arranging round tables for these committees, also for a place on the main program, or at a luncheon or dinner for these representatives.

Inasmuch as the state associations are institutional members of the American Red Cross, we feel that the members at large should have an opportunity to know what the Red Cross is doing in their state, and also to hear of new policies or plans of this great national organization. The Red Cross exhibits, information desks, et cetera, are always a center of interest. We also profit very greatly by these meetings. We have been deeply

impressed by the good organization, the fine type of womanhood represented, the progress educationally, and the excellent programs, as well as the fine spirit shown by the members in attendance. We come back to our work refreshed in mind and spirit, and with revived interest and enthusiasm. It is good to meet "face to face" the members of our local committees, learn of their problems and difficulties, and review new policies and plans. The state convention of nurses provides the only really practical means by which these committees can come together for conference. The chairman of the State Red Cross Committee is the logical person to take the initiative, arrange the time and place with the program committee, notify the individual members of all the local committees, arrange the program, et cetera. We returned with a deeper sense of satisfaction in our plan of organization, and increased pride in the spirit and interest of our committees on nursing.

Objectives of West Virginia State and Local Committee

MRS. KATHRYN TRENT, Chairman of the West Virginia State and Local Committee, sends the following "objectives" for 1931, which were adopted by the committee at a state nurses' meeting recently held in Fairmont:

1. That we put on an intensive enrollment campaign as part of Jane Delano week. This is to be done through personal contacts with the hospitals and through the publication of the state nurses' association.

2. That we arrange to have a Red Cross nurse in charge of enrollments at our next state meeting.

3. That, as a committee, we lend our support to the Red Cross roll call in every possible way.

We hope other committees will also send on their objectives. The Red Cross nurses also met at a luncheon, when Julia Groscop, Nursing Field Representative for West Virginia, spoke on "Enrollment" and the chairman spoke on the "Roll Call."

No Fee for Enrollment

WE often wonder from whom and where the rumor started—"that a fee is charged for enrollment in the Red Cross Nursing Service." It seems difficult to end it, and like the "chain prayer" it seems to go on forever. Today a letter asking "if a $10 fee is the price paid for enrollment" reached us. There is *no fee* and never has been one for entrance to the Nursing Service. Furthermore, a badge is issued without charge, together with the appointment card, which remain the property of the Red Cross; therefore if a nurse resigns, dies, or is disenrolled these articles should be promptly returned to the committee under whom the nurse is enrolled, or direct to the national headquarters office of the Red Cross in Washington, D. C.

It is quite possible that enrollment in the Nursing Service has been confused with enrollment in the Annual Membership Roll Call. Anyone, nurses as well, may become an annual member of the organization upon the payment of one dollar. This type of "joining" does not make a nurse a member of the Nursing Service enrollment, however; for this she must submit a special application, and if accepted she becomes an enrolled Red Cross nurse and stays such until death, resignation, or disenrollment for cause, takes place.

Memorial to Jane A. Delano

THE Jane A. Delano Legion Post of New York City is honoring the name and service of Miss Delano by placing a Memorial Window in the

building now being erected by the New York County Chapter of the American Red Cross for its headquarters.

Jane A. Delano Post No. 6 is placing a portrait of Miss Delano in the American Legion War Memorial Building in Paris, France. This building, costing a million dollars, will be completed by the Legion next year.

The Delano Memorial to be erected in Washington, D. C., on the grounds now occupied by two memorial buildings—that to the Women of the Civil War, used by the American Red Cross as its National Headquarters, and that to the Women of the World War, occupied by the District of Columbia Chapter of the American Red Cross—has progressed to the point of securing preliminary sketches from well known artists. As the Memorial cannot be erected until the completion of the third building to be used for offices, it will probably be two years before this Memorial is completed.

Enrollments Annulled

THE enrollments of the following Red Cross nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled: Alice Mary McCartin; Mrs. Ruth McClanahan, *née* Russell; Meryle E. McCool; Mrs. Lena McCranie; Mary Lee McDerment; Margaret G. McGee; Mrs. Roy McGee, *née* Ruby Wilma Lawrence; Mrs. J. E. McKee, *née* Gertrude Swayze; Margaret Mary McKendry; Eva Blanche McLatchie; Mrs. M. J. McLaughlin, *née* Katherine Lutz; Helen McMahon; Charlotte Elizabeth McMann; Mrs. John McMenamin, *née* Sarah L. Coyne; Mrs. Clara Brodhead McMullen; Allison D. MacDonald; Janet I. MacDonald; Mary Helen MacDonald; Ida M. MacMullen; Anna Maher; Mrs. A. M. Marable, *née* Rose W. Fritz; Alice Rose Maurer; Edith Medhurst; Mrs. Anna Elizabeth Mellen, *née* Freund; Mrs. Florence Menely; *née* Hauser; Mrs. Paul H. Meng, *née* Nezzie West; Mrs. William Merridith, *née* Bertha Estella Littell; Annie Pearl Miller; Josephine Miller; Mrs. Ella Kate Mitchell, *née* Orwig; Mrs. C. S. Mitchell, *née* Jessie Mettleton Willans; Mildred Jeanette Mitchell.

Special Glass for Transmitting Ultraviolet Solar Radiation

Per cent transmission of various glasses at 302 mu, when new and after exposure at a distance of 15 cm. from a 110-volt horizontal uviarc quartz mercury lamp for ten hours; and of duplicate samples exposed to the sun for five to twelve months. Thickness of glasses, 2.3 mm.

Trade Name	No. of Samples Tested	Average Per Cent Transmission		
		New	After Exposure to Lamp	After Exposure to Sun
Quartz glass	1	92	92	92
Corex D	3	61	59	60
[illegible]	3	63	50	57
Uviol-Jena	3	67	48	53
Helioglass	8	64	45	53
Sunlit	3	71	42	51
Vita-glass	20	58	33	42

NATIONAL BETTER BUSINESS BUREAU, INC.,
Commercial Department.

Student Nurses' Page

A Case Report of a Medical Patient

MARION B. WATKINS

Union Memorial Hospital, Baltimore, Maryland

THE patient, Mrs. H., was fifty-one years of age, American, married, and a housewife. She was admitted on January 20, 1930; discharged on January 29, 1930. The diagnosis, or probable diagnosis, was pneumonia.

Social history.—The patient was a married woman with one daughter who was about twenty years old. Both husband and daughter were living and well. Her home life seems to have been very happy, as she spoke often of how congenial she and her daughter were. My impression is that she was somewhat spoiled by her family and was used to having her own way. This had considerable influence on her mental attitude, as she resisted treatments. Her financial worries were greatly reduced because she was admitted on part pay, but she was admitted a ward patient and became very much upset when she was told she would have to be moved from the quiet room when she was getting better. She took the attitude that she wasn't being treated as she should and, if she were moved, she would be sick again. Her mental attitude was rather hard to deal with throughout her stay.

Medical history.—The patient had been very well for several years past. Since the menopause, two years ago, she had gained considerable weight, but still was not a large woman. About two weeks before her admission she had gone to a neighboring town to chaperone her daughter at a party. She stayed with friends. While staying with this family, one of them was taken sick with what proved to be grippe or "flu." After she returned to her home, twelve days before her admission, she began to feel sick with general malaise. She noticed that her temperature went up to about 101 degrees at noon. Every day her temperature went a little higher, but her pulse remained rather slow. She noticed no cough, but complained of severe left frontal headache. Her condition seemed to grow worse so her doctor advised hospitalization. She was admitted with the following symptoms with possible cause:

- Marked pallor—lowered hemoglobin
- Eyes staring when open—toxic condition
- Very much exhausted—toxic condition
- Severe left frontal headache—unknown
- Abdominal distention—lessened tone due to febrile condition
- Slow pulse (relative)—may be symptom of pneumonia
- High temperature—symptom of pneumonia.

The patient was admitted with a temperature, pulse, respiration of 105 degrees (rectal)-76-20. She seemed too sick and miserable to care where she was. A tepid sponge seemed to cause her much added discomfort, but reduced her temperature

to 102.6 degrees. An s.s. enema, w. and g. enema, and turpentine stupes failed to relieve the distention to any marked degree. She seemed very uncomfortable, being especially bothered by left frontal headache. She voided fairly frequently in very small amounts, but this seemed sufficient as she took fluids poorly. On January 27 she voided 1350 cc. at one time, and several times after that she voided fairly large quantities. She seemed to have a slight cough which was controlled by elixir of terpin hydrate with codeine.

Physical examination.—This was, in general, negative, except her left lung: "From apex of axilla down there is slight impairment of note with slight tubular breathing and coarse moist râles. Back, throughout lower interscapular and subscapular region, note is slightly impaired on percussion. Modified tubular breathing with numerous coarse, consonating râles." Blood pressure, 108/60. Urine, negative. Blood culture, negative, and continued to be so. Blood Wassermann, negative. X-ray of skull and sinuses, negative. W.b.c. 7440. Hemoglobin, 60 per cent. These tests were made to rule out the following suspected conditions: Brain abscess, brain tumor, blood stream infection, psittacosis. By the process of elimination and subsequent examinations and symptoms a diagnosis of influenza or bronchopneumonia was made.

For the first two days her condition remained very much the same, but on the morning of January 22 there was a very spectacular crisis. During the morning the patient broke out in a profuse sweat. In four hours her temperature fell from 102.9 degrees to 97.8 degrees, her pulse rate dropped to 60 and she seemed very weak and exhausted. Caffeine sodium benzoate was administered with good results. Although her temperature became elevated in the few days following, it never went so high again. After the sweat was over she began to regain her strength and to show steady improvement.

The chief nursing problem was her mental attitude. She resisted treatments; the first being a tepid sponge. She didn't want to be disturbed, and said she felt chilly in spite of the elevation of temperature. I explained the reasons for giving it, but that didn't help much. I gained her confidence somewhat by turning her carefully so that her headache was not increased, but at the first touch of the cold sponge, she became nervous and excited, and begged me to stop. Explanations were useless, but, as her physical reaction did not contra-indicate the treatment, I continued. She became more quiet after I had distracted her attention.

I found that in giving her any treatment it was better to explain briefly what was going to be done, then distract her mind as far as possible while it was actually being given. This wasn't very difficult as I found several subjects of mutual interest.

She didn't like milk and didn't want to drink it, but, as it was the chief thing on her diet, she had to have it. She was told that the doctor said she must take it. I heated it for her when she was cold, but at all times made it plain that it *must* be taken and that I *knew* she would take it. This worked fairly well for later she took it without complaining.

To a large extent, her mental attitude was the result of her life's training and could not be overcome during her short stay at the hospital. The best we could do was to work around it and help her as much as possible.

Date	*Treatments*	*Reason Given*	*Results Obtained*
1-20-30	Tepid sponge	To reduce temperature 105 degrees (rectal).	Temperature reduced to 102.6 degrees.
		Increased amount of blood in skin, thereby favoring heat elimination.	
		For circulatory stimulation.	Circulation and elimination stimulated.
		Circulation was poor because of her stay in bed. This stimulation helped carry off the toxins and aided in the processes of elimination.	
		As sedative.	Although reaction was the reverse during treatment, patient seemed to rest more quietly after it was over.
		To improve mental condition because of increased blood supply to the brain.	Patient became more alert.
		To increase the number of red and white corpuscles in circulation.	
1-20-30	Turpentine stupes q.h. to abdomen.	To relieve distention by stimulating peristalsis and by causing the contraction of the smooth muscles of the intestines and the expulsion of the gas.	Distention not relieved.
1-21-30	W. and g. enema	To help relieve distention by its irritating effect on the nerve endings of the mucous membranes of the intestine, causing the intestinal muscle to contract and the stimulation of peristalsis.	Distention slightly relieved.
1-20-30	S.s. enema	To produce bowel movement by irritating the intestinal mucous membrane and so promoting peristalsis; by distending the bowel, thus stimulating the expulsive reflexes; and by softening feces.	Not effectual.
1-23-30	Carbolated glycerine gtts. 2 in left ear q. 2 h. ad doses xii.	As an antiseptic to prevent the increase of any infection.	Infection not increased.
		To relieve pain by its local anesthetic properties.	Pain relieved.
1-21-30	Vena puncture.	To obtain blood for blood chemistry, blood culture, blood Wassermann.	Blood obtained. Tests negative.

Date	*Medicines*	*Reason Given*	*Results Obtained*
1-20-30	Digifolin gr. iss q. 8 h. ad doses xii.	To produce a stronger heart beat.	Good.
1-20-30	Elixir terpin hydrate with codeine ʒ i q. 4 h. when awake	To relieve cough.	Patient coughed very seldom.
1-21-30	Codein gr. ss q. 6 h. if necessary.	To relieve headache.	Headache relieved slightly.
1-22-30	Luminal gr. iss b.i.d. if necessary.	To relieve headache.	Discharged before results could be noted.
1-25-30	Strychnine gr. 1/40 t.i.d., a.c.	To increase the appetite and aid digestion. For general stimulation.	Slight improvement in both.
1-26-30	Soft Blaud's pills gr. x t.i.d., p.c.	To build up blood and raise hemoglobin.	Time too short to tell.
1-20-30	Aromatic Cascara ʒ ii	Constipation—abdominal distention.	Not effectual.

Date	*Medicines*	*Reason Given*	*Results Obtained*
1-20-30	Pantopon gr. 1/3 at 9 p.m.	To relieve pain and produce sleep.	Fair results.
1-20-30	Pyramidon gr. v at 9.30 p.m.	To relieve headache.	Headache not relieved.
1-22-30	Caffeine sodium benzoate amp. i at 12.40 p.m.	General stimulation and contraction of blood vessels.	Good.

Date	*Diet*	*Reason Given*	*Results Obtained*
1-20-30	Liquid diet. Force fluids.	To give nourishment, increase body fluids, reduce temperature, and relieve toxemia.	Fairly good. Hard to force fluids.
1-21-30	Milk ℥ vi alternating with egg albumin q. 2 h. during day, q. 4 h. during night.	To give added nourishment.	Good.
1-24-30	Soft diet with other nourishment.	To increase nourishment and build up bodily resistance.	Fair. Appetite not very good.
1-25-30	Light diet.	To increase nourishment and build up bodily resistance.	Fair. Appetite not very good.

Prognosis.—The prognosis was good, in spite of the fact that she was discharged before the house doctors felt that her recovery was sufficiently advanced to warrant it. This was done by her insistence after she was moved in with another patient. If well taken care of at home, her recovery should be complete. She was discharged into the hands of her sister, who is a registered nurse, and her family doctor who would give the needed instructions.

Summary of case.—The patient was admitted on January 20, 1930, with marked elevation of temperature, slow pulse, and respiration. After the second day in hospital (fourteenth day of disease), a prolonged sweat reduced her temperature to subnormal. A stimulant restored the blood pressure to a point nearer normal and the patient began to improve. The improvement was steady, but would have been quicker had she had a better mental attitude. She was discharged on January 29, 1930, and complete recovery was expected.

I learned some new symptoms present in this disease and the treatments and medicines used to correct them.

I gave this patient the best care I knew how to give.

Reference Books Read

Emerson, Charles P., M.D.: *Essentials of Medicine.* J. B. Lippincott Company, Philadelphia.

Stevens, A. A., M.D.: *A Manual of the Practice of Medicine.* W. B. Saunders Company, Philadelphia.

Emerson, Charles P., M.D.: *Clinical Diagnosis.* J. B. Lippincott Company, Philadelphia.

Hexis, George H., M.D.: *Medicine for Nurses.* W. B. Saunders Company, Philadelphia.

Blumgarten, A. S., M.D.: *Materia Medica.* The Macmillan Company, New York.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words; anonymous letters are not considered

A Christmas Greeting

A FEW years ago, at Philadelphia General Hospital, I was one of a group of as homesick affiliating student nurses as ever saw Christmas in a strange place. True, our first few weeks of turbulent adjustments and adaptations were behind us and the happier months well started, but something was missing. Everyone was lovely to us and the Director was wonderful, as serene and inspiring as the constant stars, and as far away.

Then one day, near the Great Day itself, a group of three or four affiliates were passing through one of the gaily decorated corridors on their way to lunch. Trooping around a corner, bent on reaching the dining room as soon as possible and with no speed limits working, we almost ran down an erect little person, coming around the same corner from the other way. Scattering to left and right, we would have hurried on, embarrassed at almost bumping into such a person, but she stopped us and, speaking to each by name, wished us one and all a happy Christmas at Blockley. And she was smiling in a friendly manner and looking as though she meant what she said.

Somehow we answered in kind and went on our way, but we were no longer in such a hurry. We walked along in silence for a while, not looking at each other, not wanting to break the spell, until finally, as with one accord, we all burst out, "Isn't she great!" Instantly everything was all right. We were no longer homesick. We were no longer strangers in a strange school. We were welcome guests, not strangers. God was still in His heaven, or there couldn't be a person like that in the world. That person was Miss Clayton.

That evening, in my room with a dozen or more girls lounging around talking Christmas shopping, new presents, off-duty plans, "last hours," beaux, the new little chocolate drop on Maternity, late leaves, Christmas carols at 4 a.m. and the thousand and one things that a group of young student nurses chat about off-duty near Christmas, the scene in the corridor returned to my mind's eye. I mentioned it and we fell to discussing it and her. From that discussion evolved the following lines:

To Miss Clayton

A dignified bearing that claims both personal and professional respect.
A self-restraint and gentleness of manner seldom seen.
A sense of humor, and a higher one of honor.
An intellect appreciably sound and keen.
An inspiration to her numberless group of "younger sisters."
A wind to the flickering flame of their ambition's fire.
None see her but to feel her fine influence.
None know her but to love her and admire.

All these years I have felt that I would send her an anonymous copy of those little verses, with perhaps a tiny note explaining their origin, but always a certain reticence prevented. Somehow I felt that she would have liked to know how that one little pleasant greeting made a group of homesick young girls feel. And now it is too late, for she has gone where weak words can neither hurt nor elate her. Yet: "She is not dead, but only gone away."

Our Capping Service

IT is a custom at St. Luke's Hospital in Davenport, Iowa, to cap the student nurses at a beautiful ceremony, following a four-month preparatory course. I will attempt to tell you of the service on December twenty-first, 1929, that other schools may know our procedure which gives the younger nurses an impressive realization of the responsibility and unbounded happiness each capped nurse should feel.

At seven-thirty in the evening the supervisors, faculty, graduates, and the entire student body, waited outside the chapel, while parents and friends of the freshmen were seated inside.

Our chapel is conveniently located on the second floor of the hospital, so that the patients may hear and appreciate our daily morning services. The stained-glass windows with their subdued coloring, the beautiful altar with its mauve background blending

into the richly-shaded tapestries, the Ecclesiastical chairs, the low-built organ to the left of the altar, all lend a tone of sanctity each one realizes. On this occasion white chrysanthemums with creamy gold centers, placed among the tall white tapers in ornate polychrome holders, reflected the glow of the many candles, producing a beautiful and lasting impression.

The student nurses silently filed into the chapel in couples, led by our Glee Club directress, followed by the freshmen and the upper classmen. Our freshmen are honored on this occasion by occupying the front chairs. We as a rule observe strict seniority within classes as well as among them.

The order of service began with a hymn. The address, "The Symbol of the Cap," was by the Dean of Trinity Cathedral and was followed by a special anthem in three-part arrangement. The Nightingale Pledge was repeated by graduates and students, kneeling. The freshmen remained kneeling while the caps were blessed by the Dean. An awed silence pervaded the chapel as the caps were presented by our superintendent, the name of each student with her home address being read. The Vice President of the Lady Board of Managers, who is our class sponsor, assisted by the Assistant Superintendent, capped the nurses.

We left the chapel as we had entered, remaining in formation to sing carols. After the freshmen were congratulated by the supervisors, faculty, and graduates, we went through the entire hospital, from floor to floor, singing familiar Christmas carols. When on the obstetrical floor, we sang, for the benefit of the babies, "Away in a manger, no crib for his bed," and "Silent Night," for the benefit of the mothers, it was a pleasure to see the happy mothers smiling as we passed their doors singing. On every floor patients welcomed us with brightened expressions, seeming to feel that Christmas was in the hospital atmosphere.

After the caroling the freshmen took their parents and friends to a reception given in their honor in our new home "French Hall." Here we upper classmen were privileged to meet their guests, and to serve them refreshments. We are all happy to see another class, imbued with the high ideals of the nursing profession.

N. T.

Iowa

A Journal Scrapbook

HAVING been forced to take a rest on account of my health, I have utilised my leisure in making a scrap book from my *American Journals of Nursing*, and I would like to pass on the idea. Space would not permit me to give the index in detail on all the subjects presented, but simply one section of the most interesting, which I have placed first in the scrapbook.

I first cut out and trimmed neatly all articles, using transparent hinges for pasting them in the book, enabling one to read both sides of the page. These I sorted into piles, according to subjects or divisions, until I could form an outline for an index. This first section was under the heading of "A.—Nurses Prominent in the Profession." Under this came such women as Florence Nightingale, Linda Richards, S. Lillian Clayton, and the articles on teachers and specialists. Most of these articles were accompanied by pictures, making a most interesting and instructive collection. The first pages were devoted to the index, which filled four pages.

I am sure that others who are confronted with the problem of what to do with their valuable *Journal* articles will find this method worth trying.

J. C. S.

Michigan

A New Schedule of Hours and Fees

THE action taken by our association was: 8- and 10-hour duty only in hospitals for the fee of $5.00 and $6.00 with one meal while on duty, with an additional $1.00 for alcoholic cases, drug addicts, mental cases and communicable diseases. If a patient, in his home, desires the services of a nurse on 12- or 19-hour duty, the charge was to be $7.00 per day, with an additional $1.00 as for cases listed above. It, of course, was one fine hard job for our registry office when this first went into effect, which was April 1 of this year, but now everything seems to be calm and quiet. Our biggest opposition was from some of the members of the medical profession and some of the hospital heads. So far, four hospitals have not called anything but 8- and 10-hour duty nurses through our registry. Two or three hospitals have been conscientious objectors, and have tried in every way to make the plan fail. However, everyone is gradually realizing, and patients most of all, that 10-hour duty is superior to 12-hour, due to many facts. The outstanding ones are: The nurse is not so tired and therefore gives them better care; they are not wakened so early in the morning, therefore their day seems shorter; and they have begun to learn that a nurse is not a servant, but a professional woman.

M. M.

Minnesota

A Home for Aged Nurses?

THERE comes such a cry from everywhere concerning unemployment of nurses, and nurses saving for the time when they are too old for service, I think a home for aged nurses would be a wonderful service performed for nurses who have passed the age for good service. Nurses have accomplished a great deal, couldn't they take care of their own?

N. H.

D. C.

"Yeast Fungus"

I AM anxious to gain information in regard to a lung condition caused by "yeast fungus." I have a patient who has been ailing for several years. Her case has been under the care of various physicians and many sputum tests have been made which failed to reveal any growth of tubercle bacilli. I would like to hear from anyone who has had experience with this disease. What is the cause, what the treatment, and the prognosis?

S. X. S.

Iowa

Too Many Nurses

FLORIDA State Nurses' Association, District 6, wishes to advise nurses thinking of coming to Orlando that we have already more than enough nurses to take care of the work in this district. It would not pay any new nurses to come here for what work they could get. Letters written to the registrar should contain stamped envelope for reply.

C. W. F.

Florida

[One registry in Kansas has asked to have its name removed from the official list published each month in the *Journal*, as the registrar has not time to reply to all the inquiries that come to her. As a rule it is wiser to stay where one is known even though the field is over-crowded, than take chances in a strange place, since the over-supply of nurses is general.—EDITOR.]

I HAVE been instructed to post a notice in the *Journal* to the effect that our District is oversupplied with nurses at present. Anyone coming here does so at her own risk, as the nurses already established will have the preference.

BERTHA G. EASTON, *Secretary*

Phoenix, Arizona

A True Tale

TIME: Between 7.30 and 8 p.m.—just after off-duty hour for private nurses at a near-by hospital.

Place: Hotel lobby with its sprinkling of after-dinner guests.

Incident: Nurse Recent Graduate arrives, with nothing lacking belonging to the full uniform. She greets an acquaintance of opposite sex in tones audible to all. In a stage whisper, she imparts the information that her patient will "pass out" tonight. The night clerk hands out her mail as she abstracts a cigarette from the depths of her handbag to be lighted from a match struck by her friendly acquaintance. Standing under the light *la belle dame* puffs as she reads, while gazing eyes gather details from the jaunty cap to the recently whitened shoes.

Grand scandal! AN R.N.

California

[Now you tell one about Nurse Old Graduate.—EDITOR.]

Journals *on Hand*

THE University Hospital Training School for Nurses, Parnassus and Third Avenues, San Francisco, has extra copies of the *Journal*, which they will send to anyone for the cost of the postage, as follows: 1921, March, May, December; 1922, March, July, November; 1923, April, May, August through December; 1924, March, May, October, November; 1925, August. Address, Ruth E. Mason, Chief Instructor.

Caroline P. Rice, 1804 Forrest Avenue, St. Joseph, Mich., will sell for ten cents each the following issues of the *Journal*: 1918, August through December; 1919, January to July and also December; 1920, all except February and December; 1921, all except December; 1922, January and December; 1923, November and December; 1929, complete; 1930, complete to November.

Abstracts

A Study of Negro Public Health Nursing. Compiled by Stanley Rayfield. (*The Public Health Nurse*, October, 1930.)

That the most urgent needs of the Negro public health nursing group are better fundamental training for the Negro nurse herself and a willingness on the part of whites to accord professional standing to her, is the chief finding of a preliminary survey of public health nursing by and for Negroes conducted under the auspices of the Julius Rosenwald Fund. Data for the survey were gathered by Marjorie Stimson, assistant director, and Louise Tattershall, statistician, of the National Organization for Public Health Nursing.

The survey includes the results of a questionnaire aimed to obtain a general picture of the number and distribution of Negro public health nurses in the United States and intensive study, through personal visits and interviews, in Chicago, New York City, Detroit, Cincinnati, Cleveland, Philadelphia, St. Louis, Columbus, and Dayton. It enumerated 471 Negro public health nurses among a total of 4,963 nurses at work with the 157 agencies known to employ Negro nurses in this capacity. Departments of health employ 248 or slightly more than half of all the Negro nurses, boards of education employ 20, and 203 are employed by voluntary agencies, chiefly local nursing associations. In the northern agencies, Negro nurses constitute about 7 per cent of the nursing staff. In the South, where Negroes comprise from 30 to 60 per cent of the population, Negro public health nurses were 20 per cent of the total of 919 nurses employed by the [illegible] agencies reported.

Of Negro nurses for whom there is available information, 77 per cent could meet the minimum requirements of the National Organization for Public Health Nursing. Although Negro nurses were found to be doing excellent work, the majority from southern schools still need further training in medical and pediatric services. For this there is little opportunity. The 1929 list of accredited schools of nursing showed only one Negro training school which offered postgraduate training.

While health officials both North and South reported that more well-trained Negro nurses could be used effectively in programs to improve the status of health among Negroes, there is at present an over-supply of poorly prepared Negro nurses, as of white, to fill existing positions. The need is for women of a high type of personality, with a background of a well-rounded home life and adequate preliminary and professional education, who could assume leadership and educate public opinion. It is not believed that the Negro public health nursing problem of the South could be solved by training southern nurses in northern schools, nor by nurses who were born and trained in the North, since the lower salaries available in the southern states, the difficulty of obtaining professional recognition for Negro nurses, and the less secure tenure of office do not attract Negro nurses accustomed to northern conditions. Rather, southern schools of nursing for Negroes should be improved, with more emphasis on the qualifications of students accepted for training, and with more adequate provision for training in pediatric and medical services.

Salaries for Negro public health nurses ranged from $100 to $125 a month in representative northern cities; from $75 to $90 in southern cities. After a number of years of service, increases up to $20 a month could be expected. In 18 out of the 25 northern cities Negro nurses are paid the same salary as white nurses; in 12 out of 18 southern cities, they receive less. In all cities the turnover was shown to be very slight, with many more applicants than possible positions. Of the 290 Negro nurses in 22 agencies which were visited, nearly two-thirds had been with the organization for more than three years and over one-third for more than six years.

Six Negro nurses were serving as supervisors, one in Chicago, four in New York city and one in Philadelphia. The status of both supervisor and staff nurse, the study found, depended in large part on the race solidarity and educated public opinion of organized Negro groups in the community. Because of association with old traditions of domestic service, the Negro nurse in the South has found it more difficult to obtain professional recognition than has the Negro teacher or social worker, and for this reason the profession

has sometimes failed to attract educated southern colored young women. The notorious lack of protection afforded Negro women in the South and the dangers inherent in the intimate and dangerous contacts involved in nursing may be added reasons.

Recommendations drawn from the study include the improvement of the present Negro training schools for nurses especially in respect to medical, pediatric, and communicable-disease services; vocational guidance to attract young women of the best personality and background to this profession; encouragement of the best qualified graduate nurses to undertake educational and executive positions, with the possible use of the Joint Vocational Service as a clearing house for public health nursing positions and applicants. There should be a plan, the authors believe, for clearing institutional and executive positions in nursing schools, possibly through the National Association of Colored Graduate Nurses. There is need for the progress of this group of more opportunities for advancement to supervisory positions and of professional recognition of Negro public health nurses in the South. In the large cities public opinion in organized Negro groups should be educated as to the value of the trained Negro worker in public health nursing.

Menopause: Age at Onset of Menopause. (*Statistical Bulletin, Metropolitan Life Insurance Co.*, September, 1930.)

The average age for cessation of menses among American white women very closely approximates forty-seven years. The exact age at which the menopause occurs varies widely. About 2 per cent complete the change of life before the age of forty; about 20 per cent by the age of forty-five; 65 per cent by fifty; and 95 per cent by age fifty-five. Child-bearing has little or no effect on the age of menopause. The influence of menopause on longevity is not marked, although it appears that, among women past forty years of age, those who have completed the change of life at the time they apply for insurance have a somewhat longer life expectancy than those who report no disturbance in the menstrual function.

These are some of the results of a recent investigation by the Metropolitan Life Insurance Company into the age at onset of menopause. The data were taken from the medical records of women approved for regular ordinary life insurance and it is likely that they include a fairly representative group of the female population.

These findings confirm those of other recent investigators that the average age at menopause occurs more often in the late forties than was previously thought to be the case. The statement that menopause more often occurs in the early forties, which has been repeated so often as to be generally accepted, is not true. In fact, more than one-half of the cases reporting cessation of menses at the time of the completion of the insurance medical record gives ages between forty-five and fifty as the onset of menopause. Roughly, one-quarter of the cases occur before age forty-five and the remaining quarter after fifty, some cases being reported as late as at age sixty.

The question of the effect of child-bearing on the age at menopause was investigated and found to be negligible. The average age for the onset at menopause for multiparae was 46.9 years, while for the nulliparous, it was 46.6 years.

For women of a given age at time of policy issue, those reporting cessation of menses had a higher average age at death than those reporting continued menstruation.

Louisiana's New Requirement of Preliminary Education for Entrance to Schools of Nursing

WORD has just been received from Julie C. Tebo, Secretary of the Louisiana State Board of Nurse Examiners, that the requirement of preliminary education for entrance to schools of nursing in that state has been raised to four years high school, to become effective January 1, 1931.

Since we have not the full text of the law we do not know whether this new requirement is actually written into it, or whether it is so phrased that the Board is given power to make the ruling. An interesting point, however, is the fact that during the past year all students admitted to schools of nursing in Louisiana, with but two exceptions, were high school graduates, although the state board requirement has been but two years high school.

Hosea Ballou once said, "There is one inevitable criterion of judgment touching religious faith in doctrinal matters. Can you reduce it to practice? If not, have none of it." Louisiana nurses are to be congratulated in having shown that their faith in a professional doctrine has withstood this test, and that they have in truth "reduced it to practice."

The Annual Convention of the Protestant Hospital Association

New Orleans, October 17–20, 1930

PRECEDING the American Hospital Association Convention was that of the American Protestant Hospital Association. This organization, now ten years old, began as a section of the American Hospital Association, but, because sections of the latter are geographical, the Protestant Hospital Association continued as a separate body, chiefly concerned with the special problems of hospitals operating under denominational auspices.

An important phase of this meeting as regards nurses was the report of Albert G. Hahn, Business Manager of the Deaconess Hospital, Evansville, Indiana, Chairman of the Committee on Vacations, Sick Leaves, and Discounts. The report was the result of a survey and represents a cross cut of the practice through the country. So far as nursing personnel is concerned the survey showed the following:

	Discount Allowed	*Vacation*	*Sick Leave*
Superintendent of nurses	Free	1 Month	1 Month
Floor supervisor	50%	3 Weeks	10 Days
Department heads	50%	3 Weeks	2 Weeks
Student nurses	Free	3 Weeks	2 Weeks
Instructors	50%	3 Weeks	2 Weeks
Nurses other schools	15%	2 Weeks	2 Weeks
Alumnae nurses	25%	3 Weeks	2 Weeks
Special duty nurses	25%	2 Weeks	2 Weeks

It should be understood that these are not standards to be recommended, since conditions vary in all hospitals, but represent present practice through the country. It is not understood either that sick leave is given in addition to vacation. It was also emphasized during the discussion that vacations should not be retroactive but granted only to employees returning for another year.

On Friday evening the Reverend Luther T. Reynolds, Seattle General Hospital, made a telling address on the "Spiritual Impact of the Modern Hospital," emphasizing the fact that it is important for hospitals to straighten out the thinking of the public as regards the need for paying hospital charges. Only when a hospital has a substantial endowment—which comes from the public—can it afford to be lax in its system of exacting payment. Many do not understand this although payment in advance is customary in practically all business. A second opportunity for spiritual impact is health teaching in the community; a third the development of morale among employees, nurses, and staff; and a fourth the contribution which hospitals can make toward the solution of inter-racial problems.

In the discussion of "Case Records" on Saturday morning it was revealed that a number of small hospitals have on their staffs graduate nurses who are entirely responsible for taking the personal history of all patients—an undeveloped field for graduate nurses perhaps. It was also pointed out that the law does not require hospitals to keep records, but that they do so for their own protection. It was reported that of fourteen suits against one hospital all but one were won because the hospital could produce records in each case. The point as to whether nurses' notes should be filed or not was a moot point.

In his discussion of "Practical Economics in Hospital Administration" E. E. King, Missouri Baptist Hospital, stressed among other things the importance of first and last impressions, even to putting into the mouths of employees and nurses the words to be used in greeting and discharging patients.

Several nursing problems came under discussion in the Round Table conducted by George D. Sheets, Baptist Memorial Hospital, Memphis, in particular the question of the cost of nursing—the hospital with or without a school. There was evidence of much confused thinking on this question; several of those present apparently believing that the replacing of students by graduates in smaller hospitals would lead to a shortage of nurses in a few years—lack of information on the findings of the Grading Committee and the present economic status of nurses was also evident.

Paul Fesler of the University Hospital, Minneapolis, Minnesota, reported figures indicating that in his hospital the nurses had actually earned about $11,000 more than had been spent on them and that it is less expensive to use graduate nurses. Dr. B. A. Wilkes of the Hollywood Hospital, Hollywood, California, had figures to show a saving of $1,391 monthly in nursing a hospital of 175 patients, 40 babies, during the first three months following the replacing of students by graduates.

Dr. C. G. Parnall, President of the American Hospital Association, addressed the group

briefly at the banquet on Saturday evening. Dr. B. A. Wilkes, Superintendent of the Hollywood Hospital, Hollywood, California, is President on the retirement of the Reverend Dr. Luther G. Reynolds, and the Reverend A. O. Fonkalsrud, Ph.D., Superintendent of Sioux Valley Hospital, Sioux Falls, South Dakota, is the President-elect.

The 32nd Annual Convention of the American Hospital Association

New Orleans, October 20-24, 1930

DR. LEWIS A. SEXTON, Superintendent of the Hartford (Connecticut) Hospital, became President of the American Hospital Association on the retirement from office of Dr. C. G. Parnall, Superintendent of the Rochester (New York) General Hospital, following the American Hospital Association Convention in New Orleans, October 20-24; while Paul Fesler, Superintendent of the University Hospital, Minneapolis, Minnesota, is President-elect. Anna D. Wolf, Director of Nursing, Billings Memorial Hospital, Chicago, was elected Chairman of the Nursing Section for the coming year.

Julius Rosenwald, philanthropist, gave the leading address at the first general session of the convention on Monday evening, October 20. Mr. Rosenwald finds few industries with more invested capital than hospitals today. However, except for mental hospitals which are badly crowded, they are used only to two-thirds capacity, which from a business viewpoint is considered very poor business. Americans have thought of hospitals as a public responsibility—90 per cent of them are maintained by private gifts or public funds—but on the other hand the average American wishes to pay for what he gets, and it should not be difficult to organize a hospital on a paying basis by reducing the amount of free work and increasing the amount of pay service. As examples of trends in this direction, Mr. Rosenwald cited the recently opened Baker Memorial for patients of moderate means at the Massachusetts General Hospital, the Cornell Pay Clinic, and the pay clinics of the University of Chicago. He realizes the opposition of the medical profession to organized medical service but believes that, as many people get into the habit of using medical service, more service will be available to them; that charity gifts will not suffice to provide care for all; and that ultimately either the state will take over medical service, or hospitals and medicine must combine to solve the problem.

In his presidential address at the same session Dr. Parnall, discussing present-day hospital problems and among others those of nursing and nursing education, referred to the findings of the Grading Committee that there is an over-supply of nurses, but that there is no surplus of good nurses; that a great difficulty lies in their faulty distribution; and that there is a growing tendency to discontinue nursing schools in small hospitals with a corresponding increase in graduate-nurse service, which he believes necessitates certain costly adjustments. The present system of special nursing is extravagant and in the readjustment will have to go. Dr. Parnall believes nursing education to be a problem for public concern and that the patient should not have to pay for it, and that a new era of nursing education is at hand which must be recognized.

Nursing had a large place on the program of this convention. There were two sessions entirely devoted to nursing, and it was impossible to go far into the sessions having to do with other hospital problems without bringing up the "nurse question" in all of its ramifications.

Group nursing, and the substitution of graduate service for student service, was often the subject of interested discussion. At the Tuesday morning session L. C. Vonderheidt, Superintendent of the West Suburban Hospital, Oak Park, Illinois, gave a report of the experiment in that hospital where for an eighteen-bed unit, twelve graduate nurses, eight on day duty, two on night duty and two on relief, and the graduate nurses [illegible] are employed by the hospital to give nursing care at a cost to each patient of $[illegible] per day. (The plan in detail was published in the American Journal of Nursing, January, 1930.) Mr. Vonderheidt summarized the results of the experiment as follows:

1. Group nursing must be confined to those patients [illegible] of the hospital and not [illegible] on [illegible].

2. The total staff [illegible]

gradient of the number of patients in the unit.

3. Physicians vary in the reactions to this service; those who coöperate get the greatest benefit from it.

4. Nurses find the service attractive: employment is steady; there is more time for recreation since the working day is shorter; rest at night is undisturbed; and there is no loss of time between cases.

In the discussion following, Dr. W. L. Babcock, Grace Hospital, Detroit, Michigan, told of a similar experience in that hospital which had been so successful that plans for a new building include three floors to be staffed in this way. Experience at Grace Hospital has shown a thirty-bed unit to be the ideal grouping from an administrative viewpoint. James R. Mays, Hospital Consultant, New York City, was emphatic in his statement that to offer group nursing to the patient at $8.00 per day is to admit that the ordinary service is inadequate, and that all hospital administrators should look to the day when it may truthfully be said to the patient, "You don't need a special nurse."

Jessie Turnbull, R.N., Superintendent of the Elizabeth Steel Magee Hospital, Pittsburgh, Pennsylvania, told of their experiences in substituting general duty nursing for student nursing at that hospital, where it has been found that patients like general duty nurse service so well that when they return to the hospital they do not use the group nurses. Miss Turnbull further said that although it had been expensive to close the school and to establish the general duty service, the latter has been so satisfactory that it is being continued.

In some of the other discussions in this section it was evident that there is confusion as to the meaning of the terms "group nursing" and "general duty nursing."

On this same occasion James R. Mays read a very timely paper, prepared by Charles F. Neergaard, Hospital Consultant, New York City, based on the results of a study of eight hospitals and comparing nursing costs with and without a school. The purpose of the study was to determine whether it would be advisable for a certain hospital, now preparing to expand, to open a school of nursing. No account was taken in this study of the quality of the education given the student, the comparison was of nursing costs only and showed that in the hospitals studied it was more expensive to provide graduate service than to provide student service. However, "it is recommended that, in view of the present surplus of registered nurses throughout the state and in spite of the increase in cost, the hospital continue its established policy of using a graduate staff in its new building until such time as it seems expedient to organize a training school."

In her discussion of the paper read by Mr. Mays, Dr. May Ayres Burgess, Director of the Committee on the Grading of Nursing Schools, said that student nurses are obviously carrying the load of hospital nursing; that students care for as many and as sick patients as do graduates; that they do not receive any more instruction while on duty than do graduates and that the graduates of inferior-grade hospitals have more instruction; that in general one hour of student service is the equivalent of one hour of graduate service. Dr. Burgess went on to say, however, that certain other considerations must enter into any studies of cost. There is evidence to show that a change to graduates would reduce the cost of illness care, of food waste, of breakage, and of laundry. Graduate service—when good—has been found to be more satisfactory than student service; there is greater continuity of service which is agreeable to both patient and nurse. Again, said Dr. Burgess in effect, the costs of nursing education are rising. The better a school becomes the more it costs. At present the student is cheaper than the graduate but we cannot be sure that these conditions will continue.

"The Graduate Nurse vs. the Student in Small Hospitals" again came to the fore in the Tuesday afternoon session of the Small Hospital Section. Agnes O'Roke, R.N., Superintendent of the Crippled Children's Hospital, Louisville, Kentucky, in her paper stressed the need of students for wide clinical experience such as small hospitals cannot always offer. It is important, said Miss O'Roke, to study schools, estimate costs, compare the cost of student and graduate nurse service, and at the same time consider whether students are getting the training to which they are entitled.

During the Teaching Hospital Section, on Wednesday afternoon, Dr. May Ayres Burgess discussed "The University's Responsibility in Teaching Nurses," showing that the hospital is primarily a business in the field of social service, while a university is primarily a school, which not being content to copy what the hospital teaches should lead in the field of nursing education.

If university schools are to lead, Dr. Burgess went on to say, the university school of nursing will either be a separate school within the university, or a department within a sympathetic school. The faculty will be able to recognize and to teach good nursing and the practice field will be under educational control. And only when they have shown the

hospital school how to teach will the university schools have fulfilled their function.

Dr. Burgess' paper was discussed by Mr. Robert Neff, Superintendent of the University of Iowa Hospital, whose "Cost of Nursing Service in the Hospital" appeared in the July *Journal*.

"Nursing Administration in Hospitals" was the subject of an entire session Thursday morning. After stressing need for studies to determine the minimum as well as the maximum amount of practical experience required for the student's education as a basis for determining the cost of nursing education, Laura R. Logan, R.N., Dean of Cook County School of Nursing, said, "I believe a word of warning should be issued regarding the transfer to state university authorities of the management of nursing education until such time as our profession has determined upon standards of education and is able to enforce such standards."

At the same session E. Muriel Anscombe, R.N., Superintendent of Jewish Hospital, St. Louis, Missouri, spoke on "What Constitutes Efficient Bedside Nursing Care," and Mrs. Helen W. Munson, R.N., Assistant Editor of the *American Journal of Nursing*, discussed "Adequate Student Health Service"—a portion of the study which appears elsewhere in this issue.

Mrs. Nan H. Ewing, Principal of the School of Nursing, Ravenswood Hospital, Chicago, Illinois, gave the results of her observations on the "Essentials and Content of Graduate Courses for Nurses." The crux of the situation in graduate nurse education, Mrs. Ewing believes, lies in the undergraduate preparation. So inadequate is the basic course in many schools that graduates flock to the large hospitals to make up their deficiencies. Again, in many hospitals offering graduate courses no account is taken of the knowledge which the graduate student already has. Courses are not planned and students are used for menial work. Specifications are needed for graduate work: Instructors who are specialists are needed; applicants for courses should be required to present evidence of sound undergraduate work; a special curriculum should be planned and graduate students not given the same experience as are affiliates; and there should be several types of exercise available in one specialty. As at present planned, said Mrs. Ewing, most hospitals offering postgraduate courses are getting graduate service on a student basis at little cost.

It was unfortunate that the Nursing Section meeting was placed so late on the program—Thursday night—that many delegates had already left the city. Claribel Wheeler, R.N., Director, School of Nursing, Washington University, St. Louis, Missouri, presided. Speaking on the subject, "Graduate Nurses To Supplement Student Service," Phoebe Kandel, R.N., Professor of Nursing Education, Colorado State Teachers College, showed the fallacy of attempting to carry on a school of nursing and at the same time to nurse the hospital with student service. Dorothy Rogers, R.N., Superintendent McMillan Hospital and Oscar Johnson Research Institute, St. Louis, Missouri, discussed "The Cost of Nursing Services in Relation to Nursing Education," comparing the budget for graduate nurse service only with that when a school is maintained in a general hospital of 300 beds with a daily average census of 250 patients.

The subject of the address given by Shirley C. Titus, R.N., Dean of the School of Nursing, Vanderbilt University, was "Group Nursing." Miss Titus' contention is that group nursing is important only because it brings to the front the general problem of the nursing of the patient. Group nursing does not solve that problem since it affects only the few so nursed and does not improve the quality of the general nursing in the hospital. The cost of group nursing is borne by the patient forced to employ that type of special nursing because the general nursing in the hospital is so inadequate. Miss Titus believes that hospital administrators should be more concerned with "the invisible nursing" of the patient, the number of baths he receives, the things which go into his personal comfort, and the like, and that graduate general duty nursing would improve the general care of the patient, would stabilize nursing of the hospital as it is not when the school alone is responsible, would make use of the many now unemployed graduate nurses, and would reduce the number of nurses now graduating yearly.

News

Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication

The American Nurses' Association

Headquarters Committee Meeting

The task of defining a program for Headquarters to meet the major problems confronting the nursing profession will make of special importance the coming meeting of the Headquarters Committee of the American Nurses' Association, to be held in New York, on November 24. The serious unemployment in the private duty field, the immediate importance of the registry study with its present emphasis on the use of graduate service, the need to develop a public that understands the present crisis in nursing and how to further these projects with the limited funds available,—these are among the problems that will make the meeting of unusual significance this year. With so many demands to be faced, Headquarters Committee will have a difficult problem to keep the program of Headquarters within the budget limitations.

Fall Work

A number of meetings were attended during the autumn months by Headquarters representatives. Janet M. Geister, Headquarters Director, attended and spoke at the state meetings of North Dakota, Minnesota, and Oklahoma. She spoke at district meetings in Springfield, Illinois, and in Detroit, in the latter city addressing also groups of doctors, visiting nurse leaders and others outstanding in health work there. Everywhere she reports an attitude sympathetic with the problem of unemployment. So also does Mrs. Alma H. Scott, Assistant Director, who went to the state meetings of Tennessee and Mississippi. Virginia McCormick, Publicity Secretary, spoke at the meeting of New York State Nurses' Association.

Ella Best, Field Secretary, has spent the month of late October and early November in the field, continuing the work of the Registry Study. She is now studying the use of the proficient graduate nurse and is finding more ventures than we knew were in existence for graduate service. Already in these instances, hospitals have data on costs and methods, and Miss Best is delighted with the sympathetic attitude in evidence wherever she has been, with the question of using graduate service.

The Reclassification Study

Helen Boyd, formerly of the staff in the Nursing Department at Teachers College, Columbia University, has been spending the month at Headquarters, where she is doing a most important and difficult piece of work in preparing a brief to be presented to the Government Classification Board in connection with the proposed reclassification of nurses in certain Government services. This study was undertaken, following a referendum vote of the Board of Directors, which indicated the desire that the American Nurses' Association participate actively in an effort to obtain a higher classification of nurses in the Government Service. Miss Boyd occupied Miss Geister's room in the already-filled Headquarters' offices, her work dovetailing with the time that Miss Geister was spending in the field. Such help as was possible, was given Miss Boyd by the Headquarters' staff.

Maternity Institutes

The importance of the part played by the nurse in improving maternity care is being stressed by the Maternity Center Association which is arranging a series of institutes for nurses wherever they are requested throughout the country. These institutes are for all nurses whether engaged in private duty or public health, in institutional or industrial

week, and for student nurses. Registration of at least fifteen nurses is required, the fee being three dollars to be paid either by the individual or by her organization. Interested board members may be invited and physicians also are welcome. Detailed information concerning these valuable maternity institutes can be obtained from the Maternity Center Association, 578 Madison Avenue, New York, which sends into the field, Anita Jones, Assistant Director, to conduct the institute and which pays her entire expenses. She takes with her all the necessary teaching and demonstration equipment.

Harmon Association

Through the interest of the Harmon Association for the Advancement of Nursing and the Harmon Foundation, Carrie M. Hall, Chairman of the Relief Fund Committee of the American Nurses' Association, is spending five months travelling in the states, in order to tell nurses about insurance and investment. Miss Hall began her work in October and will continue in this educational campaign through the early months of next year. She is stressing the importance of guaranteeing now, by a systematic, sound plan of annuity, a dependable and regular income for those years ahead when it will be needed and valued. All expenses connected with this extremely useful piece of field work, are carried by the Harmon Foundation.

Questions and Answers

The following questions, which recently came to Headquarters through the mail, were answered in this manner:

What does the American Nurses' Association do for the nurse? "The serious problems of the American Nurses' Association today are those of the individual nurse. Unemployment, the high cost of private duty nurse service, insufficient income of the private duty nurse, the need for nurse insurance, the development of special nursing fields such as those of psychiatric nursing and anesthesia, these are among the questions absorbing the attention of the National Association. The subject of registries and the newer forms of private duty service, hourly nursing, group nursing and general floor duty, are major projects of the A. N. A. at this time. The survey conducted by the Committee on the Grading of Nursing Schools is prompted by the necessity for discovering the exact situation of nurses and the nursing profession. The A. N. A. is asking itself will these studies and experiments lead to the conclusion that unemployment today is a symptom of faulty distribution in the private duty field and that changes in the availability of the nurse's services will result in lower cost of nursing to the patient and adequate income for the nurse."

Should a nurse be reinstated as Alumnae or District member upon payment of current dues? The Board of Directors of the A. N. A. went on record several years ago as approving the clause in the report of the Revision Committee made at Atlantic City in 1926, which reads: "One firm conviction the Board of Directors of the A. N. A. has and that is that all our by-laws should be interpreted in a generous and broad-minded spirit, not erecting barriers to keep people out of our associations, but making it possible for every nurse of good education and good morals to find a place for herself in our organization life, no matter where she may be at work."

What are the requirements in establishing group nursing? "Our recommendation is that in experimenting in the utilizing of nursing service, be it group nursing or general floor duty, it should be established in an experimental spirit but should follow two fundamental principles: (1) That the nursing service of the patients is the responsibility of the hospital, and, therefore, that the patient should not have to make a private contract, as it were, with two special duty nurses. The hospital to be wholly integrated and not partly, as it is when every other department, except in the use of graduate nurses, is organized under hospital management, (2) that the principles of personnel management found good wherever individuals must work economically and effectively be followed in the utilization of graduate nurse service."

Nurses' Relief Fund

For Month Ending October 31, 1930

Receipts

Interest on bank balances	$116.23
Interest on investments	864.68

Contributions

Alabama: State Association	57.10
Arkansas: State Association, $25.70; District 3, $10; District 4, $10; District 5, $75; District 7, $25	145.70
California: State Association	3.00
Florida: District 7, $9; Riverside Hospital Alumnae Assn., $5	14.00
Georgia: Wesley Memorial Hospital Alumnae Assn.	25.00
Iowa: District 1, $[illegible]; District 2, $[illegible]; District 4, Alumnae associations—[illegible], Waterloo, $5; Allen Memorial, Waterloo, $[illegible]; [illegible], Cedar Falls, $15; Mercy, Waverly, $10; Lutheran, [illegible], $12; District 5—District Association,	

$[illegible]; Mercy Hospital Alumnae Assn., [illegible]; District [illegible], alumnae associations—Jane Lamb, $[illegible]; St. Luke's, Davenport, $[illegible]; Mercy, Davenport, $[illegible]; Mercy, Clinton, $[illegible]; [illegible], $3; outside alumnae, $[illegible]; District [illegible], alumnae associations—Mercy, $[illegible]; Lutheran, $[illegible]; Broadlawns, $[illegible]; individual nurses, $31	$614.80
[illegible]: District [illegible], alumnae associations—[illegible], $[illegible]; Christ, $24; individual members, $[illegible]	75.00
Minnesota: District 2, alumnae associations—St. Mary's, $11.50; St. Luke's, $[illegible]; individual contributions, $[illegible]; District 4, alumnae associations—St. Joseph's, $100; [illegible], $[illegible]; St. Paul's, $[illegible]	312.50
Missouri: District 1, St. Joseph's Hospital Alumnae Assn.	60.00
New Jersey: District 1, alumnae associations—St. Elizabeth's, $25; Morristown Memorial, $15; individual members, $3	43.00
New York: C. C. Park Memorial Hospital Alumnae Assn.	25.00
Utah: Alumnae associations—Dee Memorial, $[illegible]; Salt Lake General, $10	30.00
Wisconsin: District 11, $18; alumnae associations—Ashland General, $10; St. Joseph's, $10; District [illegible]—individual members, $3	41.00
Total Contributions	$1,446.10
Total Receipts	$2,127.06

Disbursements

Paid to 1[illegible] applicants	$2,727.00	
Salaries, August, September, October	811.65	
Printing	53.61	
Total Disbursements		$3,592.26
Excess of expenditures over income for month ending October 31, 1930		$1,465.20

All contributions to the Nurses' Relief Fund should be made payable to the *Nurses' Relief Fund* and sent either to the person who collects your dues or to the local Relief Fund Chairman. The method for collection of contributions varies in the different states. Your district president or treasurer can tell you to whom your checks should be sent. For application blanks for beneficiaries, apply to your own alumnae or district association, or to your state chairman. For leaflets and other information, address the state chairman, or the Director of the American Nurses' Association, Headquarters, 370 Seventh Avenue, New York City.

The Isabel Hampton Robb Memorial Fund

REPORT TO NOVEMBER 12, 1930

Previously acknowledged	$35,2[illegible].12

Contributions

California: State Association	$37.50
Indiana: State Association	10.00
Iowa: St. Luke's Alumnae, Davenport	2.50
Missouri: State Association	25.00
Total	$35,[illegible]

MARY M. RIDDLE, *Treasurer*.

The McIsaac Loan Fund

REPORT TO NOVEMBER 12, 1930

October 10, Balance		$182.10

Contributions

California: State Association		37.50
Indiana: State Association		10.00
Iowa: St. Luke's Alumnae, Davenport		2.50
Missouri: State Association		25.00
North Dakota: State Association		25.00
Loan paid	$200.00	
Interest	13.10	
		213.10
Total		$495.20

Disbursements

Bank charge	$1.00	
Loan made	200.00	
		201.00
November 12, Balance		$294.20

MARY M. RIDDLE, *Treasurer*.

Scholarships are awarded once a year in the spring. Loans are made to approved candidates when the state of the treasury warrants. Contributions are greatly needed, especially to the McIsaac Loan Fund, as there is a list of waiting applicants. Contributions for either fund may be addressed to the Treasurer, Mary M. Riddle, Care American Journal of Nursing, 370 Seventh Avenue, New York. For application blanks, address the Secretary, Katharine DeWitt, at the same address.

Progress Report of the Joint Committee on Distribution of Nursing Service

This committee has had one meeting held in Milwaukee on June 14, at which time the objectives of the committee were outlined as follows:

(1) To develop standards of hourly and group nursing;

(2) To organize councils to study the needs of communities for nursing service.

The committee was broken up into three subcommittees:

(1) Hourly Nursing;

(2) Group Nursing and General Nursing in Hospitals;

(3) Nursing Councils.

Each of these subcommittees is working on a preliminary report to be submitted to a meeting of the whole committee to be held in January.

Meantime, two letters have been sent to the states encouraging the formation in each state of a State Committee on Distribution of Nursing Service for the following purposes:

(1) To study the problems of nursing distribution in the state;

(2) To act as a clearing house in the state through which the National Committee on Distribution of Nursing Service may both distribute and receive information.

It has been further suggested to the states that the organization of the State Committee on Distribution of Nursing Service follow the same outline as that used by the National Committee for which the attached chart (Exb. I) has been prepared. This includes the suggestion that already existing committees on registries, hourly nursing, group nursing, etc., be tied in closely with the State Committee on Distribution of Nursing Service by being recognized as subcommittees of it. This follows the proposed plan of considering the Registry Committee of the American Nurses' Association as a coöperative committee of the Joint Committee on Distribution of Nursing Service.

Ella Best of the staff of the American Nurses' Association has been made an ex-officio member of the National Committee on Distribution of Nursing Service, and, in the field contacts that she is making with registries as part of the A. N. A. program, she will keep closely in touch with the national committee.

Regarding hourly nursing, it is urged that inquiries pertaining to hourly nursing from the standpoint of registries be addressed to the A. N. A. and inquiries from the standpoint of public health nursing organizations be addressed to the N. O. P. H. N.

The personnel of the Committee is as follows:

Mrs. Genevieve Clifford, City Hospital, Syracuse, N. Y.

Mrs. Lucy Lest Van Frank, 116 South Michigan Avenue, Chicago, Ill.

Alice Sutherland, 106 Alexandrine Street, Detroit, Mich.

Jeannette Hays, 88 Prospect Avenue, Milwaukee, Wis.

Marguerite Wales, Visiting Nurse Service, 99 Park Avenue, New York City.

Elnora E. Thomson }
Janet M. Geister } *Ex officio*
Ella Best }

NATIONAL LEAGUE OF NURSING EDUCATION

Mrs. Anne L. Hansen, Chairman, 181 Franklin Street, Buffalo, N.Y.

Shirley C. Titus, Vanderbilt University School of Nursing, Nashville, Tenn.

Grace Phelps, Doernbecher Memorial Hospital, Portland, Ore.

E. A. Welley, Highsmith Hospital, Fayetteville, N. C.

Susan C. Francis, Children's Hospital, Philadelphia, Pa.

Anna D. Wolf, 950 East 59th Street, Chicago, Ill.

Claribel A. Wheeler, 600 S. Kingshighway, St. Louis, Mo.

Elizabeth C. Burgess }
Nina D. Gage } *Ex Officio*

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Winifred Rand, Merrill Palmer School for Children, 71 Ferry Avenue, East, Detroit, Mich.

Elizabeth G. Fox, 35 Elm Street, New Haven, Conn.

Juanita Woods, 221 S. Cherry Street, Richmond, Va.

Geneva Hollien, Albany Guild for Public Health Nursing, 99 Columbia Street, Albany, N. Y.

Emilie G. Sargent, 51 West Warren Avenue, Detroit, Mich.

Sophie C. Nelson }
Katharine Tucker } *Ex officio*

Alma C. Haupt, Secretary, *Ex officio.*

Subcommittees:

1. *Subcommittee on Hourly Nursing:* Chairman, Geneva Hollien; Members, Lyda Anderson, Juanita Woods, Elizabeth G. Fox, Mary Edgecomb, Mrs. Lucy L. Van Frank, Marguerite Wales.
2. *Subcommittee on Group Nursing and General Duty:* Chairman, Shirley C. Titus; Members, Claribel A. Wheeler, Anna D. Wolf.
3. *Subcommittee on Nursing Councils:* Chairman, Emilie G. Sargent; Members, Mrs. Ernest Irons, Margaret Carrington, Theresa Kraker, Mrs. Elsbeth Vaughan.

Committee on Grading

The Committee on the Grading of Nursing Schools met at Briarcliff Manor, just outside New York City, on November 5 and 6, 1930. While four of the regular members and three alternates were unavoidably absent, the remaining fourteen, in addition to Miss Goostray and Dr. Burgess, were in constant attendance for the two-day session. The Committee considered in detail the manuscript reports covering Sections II and III of the First Grading Study. Section I had already been released and sent back to the participating schools. The Committee has now approved the release

of the remaining sections. Section II will probably be printed and distributed before Christmas, while Section III may be expected shortly after New Year's.

The Committee spent several hours in careful discussion of the results of the grading work so far; problems which the allied groups interested in nursing education are now facing; and the studies which still need to be made if progress is to continue. It was the unanimous opinion of all members present that the work is of such great importance that it should continue after the five-year period is over, if means can be found for organizing and financing the work. A special committee is, therefore, to be appointed to bring in a plan at the spring meeting, covering this problem. It is expected that by spring the Committee will be in a position to make recommendations concerning the future of the grading work.

A more detailed report upon resolutions passed and other action taken may be expected in a later issue.

Army Nurse Corps

During the month of October, 1930, orders were issued for the transfer of members of the Army Nurse Corps to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Bessie M. Jackson; to Fort Des Moines, Iowa, 1st Lieut. Callie D. Woodley, 2nd Lieuts. M. Elizabeth Weaverling, Ethel M. Gordon, and Isabel Vogt, Reserve; to Fort Francis E. Warren, Wyoming, 2nd Lieut. Velma M. Crocker; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieut. Rita D. Kuns, Reserve, for observation and treatment; to Fort Hayes, Ohio, 1st Lieut. Burdette Barbara Sherer, 2nd Lieut. Ruth H. Austin, 2nd Lieuts. Reserve, Amy B. Persinger, Cleolia Persinger, Katharine V. Jolliffe, and Jessie E. Locke; to Fort Leavenworth, 1st Lieut. Nellie V. Close, 2nd Lieut. Nora P. Capps; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Myrtle L. Rains, Florence I. Lee; to Fort Lewis, Washington, 1st Lieut. Anna B. Carlson; to Fort McPherson, Georgia, 1st Lieut. Katherine C. Magrath, 2nd Lieuts. Hulda Swenson, Ethel L. Strain; to Fort Monroe, Virginia, 1st Lieut. Alice D. Agnew, 2nd Lieut. Lila A. Condon; to Fort Sam Houston, Texas, 2nd Lieuts., Reserve, Edna C. Dermody and Grace A. Dermody; to Fort Sill, Oklahoma, 1st Lieut. Henrietta Davidson, 2nd Lieut. Estelle Baylor; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Lillian Doyle; to Porto Rico, 1st Lieut. Pearl C. Fisher; to the Hawaiian Department, 2nd Lieuts. Helen Adams and Dorothy L. Neal.

Four were admitted to the Army Nurse Corps as Second Lieutenants.

The following are under orders for separation from the Corps: 2nd Lieuts. Rose C. Kettman, Mary L. Khuri, Grace Aline Jones, Leota G. Schakel, Oleta Wilds, Eva Lynn Brown, Esther J. Sypher, and Maude S. Gurney.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

During the month of October, fifteen nurses were appointed and assigned to duty.

The following transfers were made: To Brooklyn, N. Y., Laura A. Roburds; to Chelsea, Mass., Irene M. Lannon; to Great Lakes, Ill., Katrina E. Hertzer, Chief Nurse; to Great Lakes, Ill. (Naval Dispensary), Hannah M. Workman, Chief Nurse; to League Island, Pa., Ivy H. Keene; to Norfolk, Va., Anna I. Cole, Chief Nurse, Lucy M. Russell, Allene M. Templeton; to Norfolk, Va. (Hospital Corps School), Katherine F. Lowe, Chief Nurse; to St. Thomas, V. I., Emily M. Smaling, Chief Nurse, Anna G. Keating.

The following nurse was transferred to the Retired List: Della V. Knight, Chief Nurse.

The following nurses were separated from the Service: Mary E. Bailey, Agnes R. Burkhard, Audrey B. Hurd, Ruth L. Ousts, Alice D. Smith, Ivora D. Squire.

J. BEATRICE BOWMAN, R.N.,
Superintendent.

U. S. Public Health Service

The following transfers and new assignments have been made during the month of October:

Transfers: To Baltimore, Md., Pauline Wells; to Gallop's Island, Mass., Cora Miller; to Boston, Mass., Minnie Mae Simpkins; to Chicago, Ill., Beatrice Bona; to Pittsburgh, Pa., Isla Bragg; to Louisville, Ky., Avis Bisbee; to New Orleans, La., Ella Mae Lalande, Mary Ruth Swann, Chief Nurse; to Mobile, Ala., Matile Dorhauer; to Staten

Island, N. Y., Anna Pagnell; to Savannah, Ga., Helen Pearce.

Reinstatement: Marcella H. Howard.

New Appointments: Ten.

The Superintendent of Nurses has returned from a visit of inspection of the nursing work of the Federal prisons at Atlanta, Ga., and Leavenworth, Kans., which has been since September under the jurisdiction of the U. S. Public Health Service. At the present writing there are on duty: three nurses at Leavenworth, Kans., three at Atlanta, Ga., six at the Federal Institution for Women at Alderson, W. Va. Selection for the nurses for this nursing work of the Service is made from nurses who have had two years or more service in the Public Health Service.

Lucy Minnigerode,
Superintendent.

United States Veterans' Bureau

Report of Nursing Service for October

Separations: Twenty-five.

New Assignments: Twenty-two.

Reinstatements: Adline Jaber, May McCann, Emma J. Hall.

Transfers: to Fort Harrison, Mont., Anna Fewer, Kathleen Connolly; to Fargo, N. D., Anna Madsen; to Sheepshead Bay, N. J., Mary Murphy; to Northampton, Mass., Helen Kliebe; to Bronx, N. Y., Mary Cole; to Lake City, Fla., Emma Jones; to Portland, Ore., Jane Kenny; to Fort Bayard, N. M., Helene Baker; to Coatesville, Pa., Lula Rush.

Mary A. Hickey,
Superintendent.

U. S. Indian Service

During the month of October the following changes in the nursing personnel of the Indian Service have taken place:

Appointments: Twenty-six.

Separations: Seven.

Transfers: To Carson Agency, Stewart, Nev., Emma Stewart.

Elinor D. Gregg,
Supervisor of Nurses.

Institutes and Special Courses

Colorado: A conference was held at the Children's Hospital, Denver, on October 1[illegible], for the superintendents of nurses, instructors and other faculty members of schools of nursing affiliating with the Children's Hospital. Of the [illegible] schools [illegible] sent representatives. The program follows: [illegible], Director, Children's Hospital, [illegible] to the [illegible], President, Board of Directors; "The Importance of Pediatric Nursing for Nurses," [illegible], M.D.; "Nursing Care in Oral and Plastic Surgery," [illegible], M.D.; "The Nurse's Responsibility in the Correction and Care of Orthopedic Patients," Robert G. [illegible], M.D.; "[illegible] a Nurse's Training by Affiliation and the Difficulties Involved," [illegible].

Round Table conducted by [illegible], R.N., Superintendent of Nurses, Children's Hospital; "Short History of Affiliation in Children's Hospital," [illegible], Superintendent, Children's Hospital; "Affiliation and Its Relation to the State Board of Nurse Examiners," Irene Murchison, Secretary, Colorado State Board of Nurse Examiners; "The Curriculum of Study for Affiliated Students," Edith K. Johnson; "Correlation of Class Work between Affiliating Schools," Mary Smith, Director, Nursing Education, [illegible]; "The [illegible] of [illegible]," [illegible], M.D.; "[illegible] of Cost in the Training of Nurses," [illegible] Watson, Director, Children's Hospital.

The affiliated course at the Children's Hospital is arranged on the quarterly basis and [illegible] gives instruction in pediatrics, [illegible] [illegible], orthopedics, [illegible] [illegible]; twenty-two weeks of [illegible].

[illegible]

[illegible] Health," "The Board Member [illegible] of the Nursing Profession in [illegible]," "The Child in the Anti- [illegible] "Combination of Health Officer, [illegible] Nurse, Superintendent, and [illegible] School Nursing Program," [illegible]"

[illegible] Institute was held, October [illegible] the auspices of the Tennessee [illegible] Association, at the Andrew [illegible] Knoxville. This is the third [illegible] has been sponsored by the State [illegible] while the attendance has [illegible] at any one of the meetings, [illegible] has been arranged to meet the [illegible] is general. The program [illegible] proved interesting and helpful [illegible]: Three lectures on "Social [illegible] L. Moore of New York; [illegible] Urge" by Mrs. Fred [illegible] of Human Behavior" [illegible] Dunford; four on "Our- [illegible] by [illegible]; two on "Pre- [illegible] Problems" by Shirley C. [illegible] two by Mary A. Dunn; single lec- [illegible] Education," Howard Curl, [illegible] Metabolism," R. B. [illegible] "Cancer Control," R. G. [illegible] M.D.

[illegible] Institute under the auspices [illegible] Association, New York, [illegible] of Health will be [illegible] December 4 and 5. The [illegible] Health Section of the [illegible] State Nurses' Association [illegible] to attend this institute as well as [illegible]

[illegible] Boards of Examiners

[illegible] The [illegible] State Board of [illegible] Nurses [illegible] on the second Wednes- [illegible] of January, 1931, at the [illegible] West [illegible] Street, [illegible] Secretary. [illegible] of the Board; [illegible]

[illegible] Pennsylvania State [illegible] of [illegible] with the Pennsylvania State Board of Examiners for Registration of Nurses (address 306 Chester Building, Harrisburg, Pa.), should be filed at least fourteen days previous to the date of examination. In connection with the examination for registration of nurses an examination will be held in the last-named city for the licensing of attendants. Anne C. Wray, Acting Secretary.

South Dakota: The SOUTH DAKOTA STATE NURSES EXAMINING BOARD will hold an examination for registration of nurses at the St. Charles Hotel, Pierre, January 20 and 21, 1931. For information apply to Mrs. Elizabeth Dryborough, Rapid City.

Virginia: The VIRGINIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examinations at Richmond, December 9, 10 and 11, 1930. For further information apply to Ethel M. Smith, Secretary, Craigsville.

State Associations

Alabama: The ALABAMA STATE NURSES' ASSOCIATION held its eighteenth annual meeting in Montgomery, October 24-27, at the Jefferson Davis Hotel. The morning session of the first day, with the President, Mattie Huston, in the chair, was devoted to business and to the reports of districts and committees. Following the address of welcome by the Mayor, W. A. Gunter, Hon. Bibb Graves, Governor of Alabama, made a stirring address, urging nurses not to lower their standards and to help place Alabama in the highest rank in all nursing lines, just as she now stands in the public health field. The afternoon was given over to Public Health, Jessie M. Marriner, State Director of Public Health Nursing, presiding.

The State Health officer, Dr. J. N. Baker, gave a history of nursing. Helen Stockton presented an able paper on "Sex Hygiene." Talks were made by Catherine Corley, Jessie Mitchell and Kiddie Howard, telling of their experiences during the past year at Columbia University.

On the second morning the Private Duty Section was ably represented by Catherine Mastin, with an interesting discussion led by [illegible]. Elizabeth LaForge brought an interesting report from the Biennial on [illegible] student nurses. The two [illegible] guests were Nina D. Gage, [illegible] Secretary of the National League of Nursing Education, and Shirley C. Titus, Dean of Nursing, Vanderbilt University.

Both took an active part in all discussions, and added greatly to the pleasure and profit.

After the Private Duty luncheon, Dr. Stuart Graves, University of Alabama, spoke in detail of the proposed University Medical School and Hospital and Miss Gage on the findings of the Grading Committee.

At the evening banquet, Lillian Hackney was toastmistress. The new graduates of Montgomery School of Nursing were introduced by Margaret Hutton, President of District 2. Hon. Lister L. Hill made an eloquent address.

On Sunday morning the Association attended a special service at the First Baptist Church. In the afternoon a memorial service was held at the Woman's Club. Three districts remembered nurses who had passed on, and Miss Gage paid tribute to Miss Clayton. At the time this service was held, a wreath from the Alabama State Nurses' Association was placed on Miss Clayton's grave.

The last day, October 27, was given to a report from the Biennial by the President, and to unfinished business. The Association feels indebted to the Montgomery nurses for one of the most successful annual meetings.

Officers for 1931 are: President, Mattie Huston; vice presidents, Opal Chapman, Ferra Mason; recording secretary, Lillian Hackney; executive secretary, Linna H. Denny; treasurer, Catherine Moultis.

Arkansas: The eighteenth annual meeting of the ARKANSAS STATE NURSES' ASSOCIATION was held in the Randolph Hotel, El Dorado, October 27 and 28. Through the courtesy of the Henry Rosamond Hospital a breakfast was served at the Randolph Hotel, with Emma Bryan as toastmistress. Mayor Jake R. Wilson gave a most cordial welcome, to which Katie Pollard responded. All nurses seemed to enjoy the intermission during breakfast and call to order, as it gave them time to renew old friendships and meet new friends. At 10.30 Miss Pollard called the meeting to order and then gave her address, in which she told of the past year's work and urged coöperation to continue in the future. Reports of officers and greetings from the three national organizations were read by Blanche Tomaszewska, after which a very interesting paper was read on "Social Hygiene" by Dorothy O'Connor of Hot Springs. Etta Lee Gowdy, State Red Cross Field Worker, gave an instructive talk as to Red Cross Nurses and Red Cross Nursing in this state. Mary Emma Smith, State Supervisor of Public Health Nurses, gave an account of the public health nursing work in the state.

At 1.30 p.m., Dr. H. H. Nelbom told "What the Nurse Means to the Medical Profession." At 2 p.m. the members divided into three groups, in different sections of the hotel, so that each branch might discuss its own problems of interest. At the Private Duty Section, Katie Fullbright, Vice Chairman, presided in the absence of the chairman. The newly elected chairman of this Section is Susie Miller. The state public health nurses held their session with Mary Emma Smith presiding, and she was reëlected. The institutional nurses, nurse supervisors, office nurses, etc., held a round-table discussion and then organized a State League of Nursing Education, electing Mrs. E. A. Teter, Little Rock, President. At 4 p.m. the members were entertained at the Warner-Brown Hospital by the Sisters of Mercy. At 5 p.m. the State Committee on Red Cross Nursing held a session at the Warner-Brown Hospital with Mrs. E. A. Teter, State Chairman, presiding.

In the evening an elaborate banquet was given by District 7; Mrs. M. Boone Weldon acted as toastmistress.

On October 28 the meeting opened with a prayer by Reverend Father Keller, after which Dr. D. E. White gave a very pleasing talk, "The Sentinel on Guard." Then came the business session; report of the Board of Nurse Examiners read by Mrs. Sam Knox, Fayetteville; the reports by district presidents were followed by alumnae reports. This is the fourth year that the St. Joseph's Hospital Alumnae Association, Hot Springs, has sent one of the student nurses to attend the entire meeting. The report of the 1930 Biennial Convention, held in Milwaukee, was given by Blanche Tomaszewska. Reports of state committees and of the Resolution Committee need mention, as five of the zealous workers were called to their reward during the past year: Sister Mary Rita, Sadeline Wilson, Mrs. Edna Mitchell, Sister Mary Borgia, and Mrs. N. Maher Yauch. The report of the past year's work of the State Committee on Red Cross Nursing Service was given by the Chairman, Mrs. E. A. Teter. Reports of the Private Duty Section, the Public Health Nurses and the Institutional Nurses were followed by the election of officers. A very interesting and instructive report was given by Elizabeth Shellabarger, the Educational Secretary. At 1.30 p.m. the Union County Medical Society gave a luncheon, Dr. J. A. Moore, President of the Society, acting as toastmaster. The doctors planned a very delightful entertainment, and it meant much to each one attending. Mrs. Surrey E. Gillean gave an interesting talk on "History of Nursing."

Immediately after the luncheon the reports of the directors' meetings were read and the outcome of the election given. Officers installed by Katie Pollard are: President, Etta Lee Goody, Little Rock; vice presidents, Mrs. W. I. Scott of Little Rock, Ellen Phillips of Russellville, and Mrs. Louise Niedermaierer of Pine Bluff; counsellors, Sister Mary Edward of El Dorado, and Rachel Buffalo, Hot Springs.

At 3.30 p.m. the doctors had automobiles waiting for a ride over the city and to the oil fields, and at 7.30 p.m. the Medical Society also entertained with a theatre party. The 1931 convention will be held in Pine Bluff, the date to be set later by the board of directors.

Georgia: Georgia nurses celebrated their twenty-fourth annual convention in Atlanta, October 27-28-29, when the State Association, the Georgia League of Nursing Education and the Georgia State Organization for Public Health Nursing met jointly. The Ansley Hotel was headquarters, and all sessions but one were held there. Lucia Massee presided over the meetings of the State Association, including an evening meeting held in the First Methodist Church and open to the public. This was attended by some 750 persons. Mrs. Eva S. Tupman presided over the session of the League, and Emma Habenicht over the meetings of the public health nurses. "Better Preparation and Performance, and Better Distribution of Nurses and Nursing Service" was the theme throughout the entire meeting, which was opened with a session of the Georgia League. Nina D. Gage, representing the headquarters of the three National Nursing Organizations; Laura R. Logan, Dean of Cook County Hospital School of Nursing; Shirley C. Titus, Dean of Vanderbilt University Hospital School of Nursing; Carrie M. Hall, representing the Harmon Association, and Ida F. Butler of Washington were special guests and speakers. Dr. G. Y. Moore of Cuthbert, Ga., President of the Medical Association of Georgia, was another guest and speaker. Dr. R. C. Swint, Superintendent of the Milledgeville State Hospital, discussed the "Mental Disease Problem," especially as relating to Georgia. "The University School of Nursing" was discussed by Miss Titus. Jane Van De Vrede gave the annual report of the Board's activities. She said that an analysis of the distribution of graduate nurses qualified to practice in the state for 1930 indicated 50 counties in the state with no registered nurses residing therein, and 37 counties with only one nurse, while only *four* of the 161 counties in Georgia have over 100 nurses qualified to practice. However, in greater Atlanta, which includes Decatur and other boroughs, there is one graduate registered nurse for 355 persons of the population; and in other centers, such as Augusta, Savannah and Macon, almost the same ratio applies.

"Extra-Curricular Activities" was the subject of a discussion led by Minnie B. Bass, Wesley Memorial Hospital, Emory University, during the League session. Miss Bass was followed by Carrie C. Spurgeon. Miss Gage, Miss Titus, Elizabeth Horne and Nancy Dell Jenkins also participated in discussion both from an educational and recreational standpoint. Senior student nurses from several of the Atlanta training schools presented a playette entitled "A Syncopated Health Trial," by Hazel McGee Bowman, as a closing feature of the League program.

More than one hundred nurses assembled for the luncheon following. Miss Gage was the guest speaker. Mrs. Tupman was reëlected president of the Georgia League, and Mrs. Mae M. Jones of Milledgeville was reëlected treasurer. Elizabeth Horne and Minnie B. Bass, both of Atlanta, were named as members of the Board.

Private Duty Section. The Private Duty Section meeting, Monday afternoon, was one of the most interesting of the entire convention. Eva Chalkley of Columbus presided. Some of the subjects treated were: "The Nurse and the Physician," Dr. G. Y. Moore; "Problems of Continuing Education While Doing Private Duty," Frances Blakely; "Making the Most of One's Life," Mrs. Sue B. Paille. Mrs. S. B. Whittier presented "Seeing Ourselves as Others See Us" in a way which delightfully reflected the human side of nursing.

Jean Harrell, Chairman of the Registry Committee of the Fifth District, presided over a round table on "The Registry." Dora A. Kershner discussed "The Uncalled Nurse," and Mrs. Mamie Lou Clapp read a paper, "What the Official Registry Means to the Private Duty Nurse." Mrs. E. P. Grant of Rome was elected chairman of the Private Duty Section.

Nina D. Gage and Laura R. Logan were speakers Monday evening. Dr. Russell H. Oppenheimer, Dean of the School of Medicine, Emory University, gave the address of welcome, which was responded to in the form of greetings by Jessie Candlish.

District and alumnae reports from the eight districts comprising the State Association were heard at the Tuesday morning session. Interest and progress were manifest.

Reports of officers and committees were

given and recommendations made. Miss Minter gave her report as delegate to the Biennial Convention in Milwaukee, and Mrs. [illegible] Crawford reported as a delegate to the State Conference on Social Work. [illegible] White gave a comprehensive report of the convention of the American Red Cross held last spring. After a brief business session, devoted principally to the appointment of committees, adoption of reports, the [illegible] Association merged into the Red Cross program. Lillian Condon, State Chairman, presided and made her annual report. Local committee reports from Atlanta, Savannah, Augusta and Macon were read. Ida F. Butler, Assistant to the National Director of Red Cross Nursing Service, was a special guest at this time and at the luncheon of Red Cross nurses which followed. [illegible] of Atlanta presented "Home Hygiene and Care of the Sick" in a very interesting way. Miss [illegible] Mettlinger, nursing field representative of the American Red Cross for Georgia and Florida, was another guest of the Red Cross session of the convention. She discussed "The Red Cross in Georgia."

At the luncheon which followed this session, Miss Butler, Miss Gage, Miss Van De Vrede, Miss Mettlinger and other Red Cross Nurses were informal speakers.

Office nurses, technicians, anesthetists and other specialists in nursing service came together as a group for the first time on Tuesday afternoon. Miss Minter presided and introduced the speakers. Dr. [illegible], from the State Hospital, discussed Georgia's mental disease problem, and papers were given by Hortense Marlow and [illegible] Elley. Miss Marlow's topic was "The Relation of the Nurse to Orthopedics," and Miss Elley's "Educational Opportunities of the Office Nurse."

The public health nurses of Georgia came together on Wednesday morning, beginning with a breakfast. A session for business followed, [illegible] presiding.

The closing session of the State Association came Wednesday afternoon, with the election of officers. Miss Minter will continue to serve as President through 1931. [illegible] of Macon was elected first vice president and Winnie E. Wood as secretary. Beulah Carrington of Dalton was elected treasurer.

A number of resolutions were adopted by the organization. These included a resolution seeking the cooperation of the Medical Association of Georgia, through the county medical societies, to increase the use of graduate nursing service.

Another important resolution in which the State Association was joined by the Georgia League of Nursing Education asked that a request be made to the Board of Trustees of the [illegible] for the provision of [illegible] and [illegible] adequate [illegible].

The State Association voted to launch a [illegible] early in 1931 [illegible] the twenty-fifth year of the organization and to accept the invitation of the city of Savannah to meet there for a "Silver Jubilee" convention, since Savannah was the birthplace of the Association.

Memorial resolutions for Lillian Clayton, Linda Richards, and for the eight nurses who were members of the State Association and who passed away this year, were also adopted. [illegible], whose untimely death came during the week of the convention, was included in this number.

After adjournment, members visited local hospitals where special clinics were being held.

A visit to [illegible], outside Atlanta, was arranged for the visitors by the [illegible] Hospital.

On Monday afternoon the members of the [illegible] Auxiliary to the Fulton County Medical Society [illegible] at the Academy of Medicine and on Tuesday evening the annual banquet was held at the Academy. Lillian Condon presided as toastmistress.

[illegible]

[illegible] Chamber of Commerce, and Millie [illegible] of the Third District. [illegible] by Miss Kennedy. The [illegible] with reports from [illegible] presidents.

[illegible] business meeting of the [illegible] of Nursing Education was [illegible] number of members.

[illegible] session was in charge of the [illegible]. Their business meeting [illegible] by an interesting program. [illegible] given by Dr. Anna Weld and Dr. [illegible] Palmer. The subjects were [illegible] "Posture and Good Feet," a [illegible] full of good concrete advice; [illegible] Contagion in the Last Fifty Years [illegible] full of information which [illegible] of daily use. Geneva Martin of [illegible], in the Sixth District, told how [illegible] offered by the State Mem[illegible] for the individual securing [illegible] of members for her District [illegible]. Miss Martin brought in [illegible].

[illegible] supper was held at the Rock[illegible] Club.

[illegible], October 17, was in charge [illegible] Health Section, Hattie Mae [illegible]. Breakfast, during which a [illegible] was held, was served to a full [illegible] of the section. This was followed [illegible], under the auspices of [illegible] Section.

[illegible] was given over to the pro[illegible] League of Nursing Education [illegible] the following addresses: [illegible]," William Arthur [illegible] Rockford College; "Pre[illegible] of Students in Schools of [illegible] and Statistical Methods," [illegible] Rockford College; [illegible] Ada R. Crocker; "Assi[illegible] the Harmon Plan," [illegible] the Harmon [illegible] of Nursing.

[illegible] program was concluded by [illegible] V. H. A. [illegible]. This was fol[illegible] [illegible] Address to the [illegible] and Care of the Sick [illegible]

Service. The remainder of the morning was given to an open session. Dr. Charles F. Read, Elgin State Hospital, Elgin, spoke on "Medical Service in State Hospitals," and Audrey Hayden, Executive Secretary of the Illinois Society for Prevention of Blindness, spoke on the work of that organization. Reports of the subcommittees of the Committee on Education were given by the chairmen of the various committees.

At noon, the luncheon was sponsored by the Private Duty Section; Maude G. Palmer, State Probation Officer, gave a short address. The annual meeting was closed with a short business session.

The officers for the coming year are as follows: Illinois League of Nursing Education: President, Dora C. Saunby; vice president, Edna S. Newman; secretary, Vera Shipley Brandt; treasurer, Joy Erwin; directors, Bertha L. Knapp, Laura R. Logan, Evelyn Wood, all of Chicago.

Illinois State Nurses' Association: President, May Kennedy, Chicago; vice presidents, Hattie Mae Hurst of Joliet and Harriet Fulmer of Chicago; secretary, Gladys Sellew, Chicago; treasurer, Mabel M. Dunlap, Moline. Chairmen of standing committees are: Relief Fund, Martha Fitzgerald of Quincy; Tuberculosis, Alice Hefner, Chicago; Finance, Fannie M. Brooks, Urbana; Credentials, Hester Nicolas of Joliet; Legislative, Alice Dalbey, Springfield; Nominating, Bertha Knapp, Chicago; Publicity and Press, Alma Gault, Chicago; Revision, L. Maude Ryman, Freeport; Program, Laura R. Logan, Chicago.

The chairman of the Private Duty Section is Alma Godel, Peoria; Public Health Section, Jewell David, Moline.

Kansas: The nineteenth annual convention of the Kansas State Nurses' Association was held in Manhattan, October 8 and 9. The meetings, which proved to be some of the most helpful in the history of the Association, were held in Community Hall. The opening session was called to order by the President, Mrs. Anne Lee Washburn-Wick. Rev. W. A. Jonnard of St. Paul's Church offered the invocation. The Honorable Hurst Majors, Mayor of Manhattan, greeted the visiting nurses and most cordially welcomed the group to Manhattan. Martha E. Keaton of Topeka responded in behalf of the nurses of the state. Following this, a short but impressive memorial service for those who during the past year have passed on to a better world was held. The President's address, "Kansas Milestones," set before the group some of the most outstanding problems the nursing profession is facing.

The morning's business session was concerned primarily with reports from various committees. [illegible] Kindlesparger, Chairman of the Nurses' Relief Fund Committee, asked for greater support for this fund from the individual members of the Association. Cora A. Miller, Secretary of the State Board for Examination and Registration of Nurses, indicated several constructive changes made by that Board during the past year. At present the need for annual re-registration in Kansas is very great, and the benefits to be derived from such re-registration were explained. Many inspirational and instructive addresses were given during the meeting. Dr. Margaret Justin of the Kansas State Agricultural College spoke on "Woman and the Changing Order," and brought out that the many changes of the last few years have on the whole contributed to the advance in position occupied by women. Mrs. Violet Hodgson, from N. O. P. H. N. headquarters, presented the subject "The Nurse and Tuberculosis" in a very helpful manner. Dr. Richard L. Sutton of Kansas City gave an illustrated lecture describing a recent hunting trip to Africa and Indo-China. Lona L. Trott of the American Red Cross discussed "Newer Developments in the American Red Cross Nursing Service." She urged that more of those nurses who are eligible to join the Red Cross do so as a patriotic measure. Evangeline Ingersoll, who has been called the pioneer office nurse in Kansas, presented a paper entitled, "The Office Nurse—Business or Professional." Margaret Poss discussed the subject, "Attitude of the Private Duty Nurse toward Group Nursing." Miss Poss' own belief seemed to be that a certain amount of experimentation might be necessary before group nursing becomes stabilized, but that in the long run it will prove beneficial to both nurse and patient. Dr. G. Leonard Harrington of Kansas City gave an address in which he impressed upon his hearers the fact that mental illness accompanies physical illness and the well-prepared nurse must be able to meet the whole situation. Carrie M. Hall of Boston gave a very helpful talk describing the Harmon Association.

Two social events added to the enjoyment of the meeting. On Wednesday afternoon the nurses were the guests of the Kansas State Agricultural College and the Fifth District Nurses' Association at a tea in Van Zile Hall on the college campus. A tour of the campus and a trip through the new library building added to the enjoyment. On Thursday evening the annual banquet was served in Thompson Hall, at which Dr. F. D. Farrell, President of Kansas State Agricultural College, gave a very splendid address in which he urged all nurses to adopt some hobby. He mentioned the hobbies of some very busy people and suggested some suitable for nurses. At the closing business session officers were elected for the coming year as follows: President, Mrs. Anne Lee Wick, Wichita; vice presidents, [illegible] Kindlesparger, Lawrence, and Aleta Stock, Wichita; secretary, Edna G. Elmore, Wichita; treasurer, Jessie Williams, Kansas City; directors, W. Pearl Martin, Manhattan, and Grace E. Umberger, Manhattan.

Officers of the Kansas League of Nursing Education, elected this year, are: President, Henrietta Froehlke, Kansas City; treasurer, Sister Lena Mae Smith, Newton; directors, Bertha Pace, Clay Center; Sister Mary Ferdinand, Concordia.

Louisiana: The twenty-sixth annual convention of the Louisiana State Nurses' Association, in joint session with the Louisiana League of Nursing Education, was held in Monroe, October 30-31, with headquarters at the Virginia Hotel. The meeting was opened by the President, Mrs. Clara McDonald. The address of welcome was delivered by Judge W. L. Harper, who was followed by Mrs. R. W. O'Donnell, President of the Monroe Nurses' Association. The meetings were well attended and the program was excellent.

The meeting of the League was held on the 30th, Julie C. Tebo presiding. An interesting paper on "The Advantages of General Floor Duty to the Graduate Nurse" was given by Mrs. Annie L. Smith, Executive Secretary, New Orleans District. The League was particularly fortunate in having Shirley C. Titus, Dean of Vanderbilt School of Nursing, Nashville, Tennessee, present. She gave an interesting and enlightening address on "The Graduate Nurse and General Floor Duty." This subject was then discussed from the viewpoint of the hospital by Mrs. Charlotte A. Berney, Director of the School of Nursing in Our Lady of the Lake Sanitarium, Baton Rouge, and from the nurses' viewpoint by Georgia A. Fetters, private duty nurse, Shreveport. Anna M. Barr presided over a round-table conference in which nursing school problems were discussed. A business session concluded the program.

In the Public Health Section, Maud Reid of Lake Charles presided. Mabel Mims of New Orleans made an address on "The Nursing Service of the U. S. Veterans' Bureau." Annie M. Barr of New Orleans made the report for the Red Cross Section, and presented Ida F. Butler, Assistant to the National Director of Nursing Service, American Red

[illegible], who spoke of the various activities of the American Red Cross. Cornelia Gravel, Chairman Private Duty Section, read a most interesting paper entitled, "Courage."

The guests were most delightfully entertained while in Monroe, by a luncheon given at the St. Francis Sanitarium by the Sisters; there was an automobile trip to Sterlington, where an old-fashioned barbecue was held at the hotel; a luncheon by the Lake Charles District, at Hotel Virginia, a dinner by the Business and Professional Women's Club, and a banquet at the Hotel Virginia, on the night of the 31st, which ended the session.

Maine: The Maine State Nurses' Association will hold its annual meeting at Lewiston, January 2 and 3.

Massachusetts: During the fall months five district associations have been organized and officers elected. District 1 in the western part of the state, made up of the counties of Berkshire, Hampshire, Hampden, and Franklin, has for president, Margaret L. Gaffney of Springfield and for secretary, Mabel B. Davis of Springfield. District 2 includes all of Worcester County and eighteen border-line towns from Middlesex County. Margaret L. Doyle of Worcester is president and Alda H. [illegible] of Worcester is secretary. District 3 includes Bristol, Plymouth, Barnstable, Dukes and Nantucket Counties. Mrs. Delight S. Jones, Fall River, is president, and Mrs. Hannah F. Meredith, Brockton, is secretary. District 4 is Essex County. Mrs. Ellen W. [illegible], Lynn, is president, and Elise O. Johnson, Lawrence, is secretary. District 5 includes Norfolk, Suffolk, and Middlesex Counties. Margaret Dieter, Boston, is president, and Katharine O. Welch, Newton, is secretary.

In the light of these district associations Massachusetts looks forward to a future full of interest for its nurses and with opportunity for development of leadership which will more than justify the change.

Michigan: A special board meeting of the Michigan State Nurses' Association was called on November 10 for the purpose of discussing the reports of the committees on Legislation, [illegible], and Standards for Community Nursing Bureaus.

Minnesota: The Minnesota State League of Nursing Education at its recent convention elected the following officers: President, [illegible], St. Paul; vice president, [illegible], St. Paul; secretary, Maud [illegible]; treasurer, Delphine [illegible], St. Paul; directors—Birgit Tofte and Anna Grace Scott of St. Paul and Sister M. Domitilla of Rochester.

The affiliate nurses of the Gillette State Hospital were hostesses to the Students' Session on October 16. Miss Holm, affiliate nurse, acted as chairman.

The main feature of the afternoon was an address, "The Emotional Life of the Pre-School Child," by Mrs. Marian Faegre of the University of Minnesota. The activities of the Gillette State Hospital were shown by a movie and a short program was given by the students.

Mississippi: The Mississippi State Nurses' Association held its nineteenth annual meeting, October 16 and 17, as guest of the Adams County Graduate Nurses' Association in Natchez. The meeting was called to order by Syd Vaughan, President. Mayor S. B. Lamb welcomed the nurses. Mary H. Trigg gave the response, in which she gave a brief history of the first meeting of the Association which took place at Natchez in 1911. The morning session was filled with reports of the different officers and a general business meeting. The afternoon session was the Hospital and Training School section with Mary E. Dorsey presiding. A very instructive paper, "The Responsibilities of the Hospital to the Student Nurse," was given by Julie C. Tebo, Secretary of the Louisiana Examining Board for Nurses. Jean B. Peck gave a clear and descriptive paper on "Optional Menus for Hospital Patients." The report from the Southern Division of the American Nurses' Association was given by Ines B. Hooper and discussed by Syd Vaughan and Julie C. Tebo. The report from the American Nurses' Association was read by Mary D. Osborne.

At 4.30 p.m. an automobile ride was taken around the city to places of historical interest, ending at the Natchez Charity Hospital, where a tea was served. It was of special interest to view this building which was erected by the United States Government in 1841, being one of nine Marine hospitals built at that time. This building and one other are the only two now in use.

The President, Syd Vaughan, gave her address at the banquet at the Natchez Hotel Thursday night. Dr. J. A. Rayburn gave an interesting talk on "The Advantage of a Registry for Nurses," which was discussed by Ethel B. March.

Friday October 17 began with a Red Cross enrollment committee breakfast with Connie Peak presiding. The Public Health Section began at 8.30 a.m. with Mary D. Osborne presiding. She gave a summary of the White

[illegible] Gladys [illegible], Supervisor of Mental Hygiene, [illegible] a paper entitled "[illegible]." The paper was [illegible] with [illegible] and [illegible]. [illegible] in [illegible] County [illegible] of [illegible] County [illegible] the [illegible] of May Day as Child Health Day [illegible] and [illegible] of the May Day [illegible] held in Brookhaven last May. [illegible] by Ethel E. [illegible]. Mrs. Alma H. Scott, representing the American Nurses' Association, [illegible]. [illegible] Dunn, representing the American National Red Cross Nursing Service, gave a brief talk on the Red Cross Nursing Service.

A [illegible] picnic lunch was served at [illegible] Park by the Adams County Midwife Association.

At the [illegible] of the Private Duty Section [illegible] a paper written by [illegible] of [illegible], entitled "Advancing Private Duty Nursing," was read by Mary O. [illegible], a private duty nurse of Natchez.

The new officers elected for the following year are: President, [illegible]; vice presidents, Ethel E. [illegible], [illegible]; [illegible] V[illegible], [illegible]; [illegible] A. [illegible]; [illegible], [illegible]; [illegible]; Alice V. [illegible], [illegible].

The [illegible] of Natchez and [illegible] [illegible] who were [illegible]. The next annual meeting will be held in [illegible].

[illegible]

[illegible] Nebraska: The State Nurses' Association and the [illegible] of Nebraska held [illegible] in Omaha, October [illegible]. [illegible]

[illegible]

[illegible] Mayor R. L. Metcalfe of Omaha gave [illegible] [illegible] Members [illegible] them, [illegible] "[illegible]" [illegible] gave a [illegible] "[illegible] You?" [illegible] Major [illegible] of the Army Nurse Corps [illegible] was, "[illegible]." There were about [illegible] present at the banquet, the speaker being [illegible] of Lincoln. He used as his subject, "Tales of the Sea."

New York: The three nursing organizations of New York State met in joint session for their annual meeting, October [illegible], in Syracuse. The total registration of 1,351 showed: 1,100 graduates, 1[illegible] students, 75 of whom were head, 57 lay members and 13 unclassified.

Two afternoon sessions were given to private duty. A [illegible] was formed and the following officers elected by acclamation: Chairman, [illegible]; vice chairman, [illegible]; secretary, [illegible]. "[illegible]" and "[illegible] in Relation to Private Duty Nurses" were among the subjects considered.

[illegible] addresses by Dr. Allen Craig of [illegible] and [illegible] of Rochester carried a [illegible]. The program included [illegible] and Publicity [illegible] the [illegible] Mentally [illegible] [illegible]

[illegible], Dorothy L. Walsh, Bing-[illegible].

[illegible]: The twenty-eighth annual [illegible] of the North Carolina State [illegible] Association was held conjointly with the [illegible] Carolina League of Nursing [illegible] in Greensboro, October 15–18, [illegible] headquarters at the King Cotton [illegible], with [illegible] members and 64 visitors [illegible]. A meeting of the Board of Directors was held on Tuesday afternoon.

[illegible] session was called to order on [illegible] morning by the President, E. A. [illegible] of Fayetteville. Following the invocation by Rev. J. Clyde Turner, reports of [illegible], standing and special committees were [illegible]. The presidents of the nine districts were present, and gave excellent reports of their activities during the year. Blanche [illegible], State Red Cross Chairman, and [illegible] Connolly, President of the North Carolina League of Nursing Education, reported on Red Cross and League activities.

At the [illegible] meeting, over which [illegible] presided, Mary E. DeLeskey, Director of Red Cross Public Health Nursing in North and South Carolina, presented an interesting and instructive paper on "Every Nurse a [illegible] Hygiene Instructor."

The early afternoon session was in charge of the Public Health Section, Lucia Freeman [illegible]. The program consisted of a Home Hygiene Demonstration by Willie [illegible] and class; an address by J. M. [illegible], M.D., State Board of Health, on "[illegible] Diseases"; "Nursing in the Veterans' Bureau," Mary A. Hickey, Superintendent of Nurses, U. S. V. B., and "The Child in Industry," Mrs. Wiley Swift, Chairman of the Committee on the Working Child, [illegible] League of Women Voters. A [illegible] Conference conducted by Clara D. [illegible], National Director Red Cross Nursing Service, was the outstanding event of the [illegible] session. An informal conference [illegible], and [illegible] officers on "[illegible] of Maintaining Accurate [illegible]" and "The Use and Value [illegible]" was conducted by Mary P. [illegible], Executive Secretary.

[illegible] evening the convention was [illegible] welcomed by Mrs. [illegible], President of Greensboro [illegible], and a charming response, on [illegible] Association, was made [illegible] of Goldsboro. Plans for the [illegible] of Nursing were outlined by [illegible] School of Nursing, Duke [illegible]. The program further included: an address by Mr. T. A. Allen, Superintendent of Public Instruction, and the President's message, by Miss Kelley. A charming play illustrating the development of the nursing profession was presented by the students of the Martin Memorial Hospital, Mount Airy.

On Thursday morning the Public Health Section and the League of Nursing Education, with private duty and office nurses, Elizabeth Connolly, League president, presiding, held round table conferences. An excellent address on "The Registry" by Mary M. Roberts, was an important topic on the League program, which also included a paper on "Hourly Nursing" by Jessie McLean. A report of the round table on "Office Nurses and Anesthetists" was given by Miss Kelley. The need of a section of this kind in the Association was discussed by Ruth Offman.

At the General Session a "Review of the Activities of the Educational Director" was given by Lula West. The review demonstrated the excellent results obtained through the office during the past five years. Clara D. Noyes spoke on the American Red Cross. Lucia Freeman presided at the Public Health luncheon and introduced Dr. L. B. McBrayer, who read an interesting paper discussing "Public Health Nursing, Past, Present, and Future."

Augusta Futch, Chairman of the Private Duty Section, presided at the afternoon session. The program began with an address on Mental Hygiene, by Ernest Grove. The Association was most fortunate in having Mary M. Roberts present, whose masterly address on "Leadership" was one of the high lights of the convention. Mrs. Chase Going Woodhouse, Director of Institute of Women's Professional Relationship, spoke convincingly on "The College Graduate in Nursing." The afternoon session adjourned at 4 o'clock to permit the nurses to participate in the delightful drive to the historic Guilford battleground. The banquet on Thursday evening paid honor to the past presidents of the Association, all but two of whom were present.

On Friday morning a film, "The Gift of Life," provided by Edna L. Moore, Assistant Director N. O. P. H. N., was presented at a local theater under the auspices of the Public Health Section. The Public Health Section, the Private Duty Section and the League of Nursing Education held round-table conferences previous to the General Session. Important papers presented and discussed at the League meeting were: "Staff Conferences and Conference Leadership," by Lula West, State Educational Director, and "Distribution of Nursing Service," by Shirley C. Titus.

Elizabeth Connolly was reëlected League president; Kate Hendon, Lumberton, was elected vice-president; Elizabeth Hill, Statesville, reëlected secretary; and Madge Buckley, Southern Pines, reëlected treasurer.

The Private Duty Program included the following papers: "A Report of the Grading Committee," Leslie Chrisman; "The Over-Supply of Private Duty Nurses," Mary Reeves; and "Why the Private Duty Nurse Should Be Interested in the Veterans' Bureau," Mary A. Hickey, Washington, D. C. Section officers elected are: Chairman, Olivia Ericsson, Asheville; vice chairman, Laura Clark, Greensboro; secretary, Leslie Chrisman, Asheville.

The closing session was held at 11 a.m. "The Ex-Soldier's Problem" was the subject of an interesting address by Mrs. Marion Crawford Adams, Greensboro. Edna Moore, Assistant Director N. O. P. H. N., spoke on "Social Hygiene and the Nurse"; Shirley C. Titus, on "Staffing the Hospital with Graduate Nurses." After the reports of sections and committees the meeting adjourned. A luncheon under the auspices of the League of Nursing Education closed the convention. State officers elected are: President, E. A. Kelley, Fayetteville; vice presidents, Hattie Rhinehardt, Winston-Salem, and Ruth Council, High Point; secretary, Martha Newman, Southern Pines; treasurer, Mrs. W. E. Shope, Asheville; educational director, Lula West, Mt. Airy; executive secretary, Mary P. Laxton, Asheville. Josephine Kerr of Charlotte was elected a member of the State Board.

North Dakota: The eighteenth annual convention of the North Dakota State Nurses' Association and the eleventh annual session of the State League of Nursing Education was held in Fargo, October 14, 15 and 16. There were addresses of welcome given by Mayor A. T. Lynner, Anna McCarthy, Supervisor of the City Health Nurses, and Dr. Axel Oftedal, President of the Cass County Medical Association. A short address was given by Miss Teichmann, President, telling of the accomplishments of the year. Janet M. Geister, of New York, was the chief speaker. Bessie Nicoll, Director of Red Cross Public Health Nursing, St. Louis, appealed to the nurses to enroll in the Red Cross Nursing Service. Georgina Lommen gave an address on "Principles Underlying Instruction," and Miss Thiesen's subject was "Our Challenge." Both were of the faculty of the Moorhead State Teachers College, Minnesota. Outlines of health work in North Dakota and Cass County were given in talks by Dr. Maysil Williams of Bismarck and Caroline J. Evingson, Cass County, Superintendent of Schools. Dr. Kilborne, Head of the Fargo City Health Department, led a discussion on "Prevention of Communicable Diseases," at which Dr. Allen of Bismarck presided. There was also a demonstration of "Nursing Care of Communicable Diseases" given by the Fargo City Health Department nurses. Carrie M. Hall discussed and explained the Harmon Association. One evening was given to an alumnae program; each alumnae responded by giving some form of entertainment. Miss Geister spoke on "Active Membership." There was a visit to the new Veterans' Hospital and, later, a banquet. Every one felt this to have been a profitable and pleasant convention. The officers elected are: President, Esther H. Teichmann, Bismarck; vice presidents, Mrs. Mildred Isakson of San Haven and Mrs. H. A. Brandes of Bismarck; secretary-treasurer, Ella Vogel, Bismarck; corresponding secretary, Mathilda P. Paul, Minot; directors, Josephine Stennes of Rugby, Mabel Hertsgaard of Fargo, Minnie Dahl of Minot, and Josephine Osland of Cavalier.

Oklahoma: The Oklahoma State Nurses' Association held its annual meeting at McAlester, October 29-30-31. After the usual opening exercises the meeting adjourned for the meeting of the League of Nursing Education, and the Private Duty Section.

The League of Nursing Education had a very profitable meeting. Mrs. Hazel Tuck gave a paper on "League Calendars"; Ruth Edmons, "The Small Hospital School." "The Responsibility of the School to the Student Nurse" was the topic presented by Ella Jones. Sister Liobe spoke on "The Needs of the League of Nursing Education." Edythe Triplett gave the "Standard Curriculum" to be adopted by the State Board of Examiners. At the business meeting it was voted to hold an Institute in Oklahoma City some time during the spring. It was voted to ask each District Association to appoint a Calendar Committee to assist the League in making schedules. Janet Geister was an inspiration to the Private Duty Section meeting, as she was ready to respond to all calls. Elizabeth Stevenson read a paper on "Important Problems of the Private Duty Nurse." Much discussion was given the paper of Anna Hess, on "The Use of the [illegible]," but it was all in favor of its use. "The Registry and the Private Duty Nurse" was the paper read by Mrs. [illegible]. "Joys and Opportunities of Private Duty Nursing" was

[illegible] given by Dora M. Gessler, as was "The [illegible] We Work" by Dorothy Knopp.

The afternoon session was conducted by the League of Nursing Education. Dr. T. H. [illegible] gave the first address on "Keeping the Well Baby Well," followed by a talk on the work of the Commission on the Cost of Medical Care by Dr. Paul L. Vogt, Dean of the [illegible] Division of the Oklahoma State University. Louise Dietrich of Texas gave a very wonderful talk on "The League of Nursing Education."

The meeting adjourned for a drive to the Albert Pike Hospital and the St. Mary's Hospital, where a tea was served by the Sisters.

In the evening all forgot that they were dignified nurses, and attended a frolic.

On October 30, the business meeting was held in the morning. All reports were read and accepted. The Relief Committee reported $[illegible] contributed for the year. It was voted to discontinue the subscription to the *American Journal* from the dues after January 1, 1930. The chevrons were discussed, and it was voted to turn them over to the State Board for distribution. It was also voted to discontinue collection of funds for the National Relief Fund; all money on hand to be put at interest until plans are made for state relief. Short reports were given of the Biennial Convention.

In the afternoon the meeting was in charge of the Private Duty Section. Dr. Allen [illegible], Professor of Educational Psychology at the State University, gave a very interesting talk on "Human Nature as a Psychologist Sees It." Janet Geister was the speaker. The members always look forward to hearing her talk, and she spoke on the "Unemployment Situation" and "What the Grading Committee Had Found Out." Meda Mauch then gave her paper which had been read at the Biennial.

The meeting adjourned for a trip to Lake [illegible] and tea at Camp Craig, which was served by the nurses of the Albert Pike Hospital. In the evening a delightful banquet was served in the ball room of the Aldridge Hotel. Janet Geister was the principal after-dinner speaker, with talks by Alma Haupt and Louise Kinney.

On October 31, the meeting was under the direction of the State Organization for Public Health Nursing. At its conclusion, the members were taken to visit the State Penitentiary.

The final business meeting was held in the afternoon when the result of the election was: President, Golda Slief, Oklahoma City; secretary-treasurer, Mrs. Ada Godfrey, Tulsa. League officers are: President, Grace Baldwin, Clinton; secretary, Mattie Lewis Davis, Oklahoma City; treasurer, Sister Monica, Oklahoma City. The meeting adjourned to meet in Tulsa in 1931. On Thursday morning a breakfast was given for the Private Duty nurses, at which time Janet Geister gave a very inspiring talk. On Friday morning the Red Cross nurses and all others interested attended a breakfast where Louise Kinney gave a talk on "What It Means to be a Red Cross Nurse." This meeting was one of the best ever held, and, the nurses feel that Miss Geister and Miss Dietrich did much to give the Association courage to do a good year's work.

Pennsylvania: The twenty-eighth annual convention of the Graduate Nurses' Association of the State of Pennsylvania, in joint session with the Pennsylvania State League of Nursing Education and the Pennsylvania Organization for Public Health Nursing, was held October 27–31, at Allentown, with headquarters at the Americus Hotel.

The convention opened Sunday evening with a memorial service for S. Lillian Clayton, held at the Asbury Methodist Episcopal Church, with Dr. Joseph C. Doane as the speaker.

The first item of interest on the opening day of the convention, Monday, the 27th, was a round table conducted by Mary M. Roberts, Editor of the *American Journal of Nursing*, on "Ethics." Miss Roberts conducted a round table for one hour each day before the opening of the sessions.

The business meeting of the Graduate Nurses' Association opened Monday at 9 a.m. with Esther J. Tinsley presiding, and continued throughout the day, with reports of officers, standing and special committees, chairmen of sections and district associations. The report of the Special Committee for Investigation of Nurses' Relief was one of great interest, inasmuch as Pennsylvania during the past year has been studying ways and means for carrying its own relief. However, no definite plans have been formulated.

The Revision Committee did an outstanding piece of work, with the assistance of a legal advisor, in preparing for the re-incorporation of the Association and presented a new set of by-laws for adoption. After the re-incorporation, the Association will be known as the Pennsylvania State Nurses' Association.

The Legislative Committee presented recommendations for discussion, one being that the pre-professional educational standard be

raised from one year high school to a full four years high school requirement for entrance into a school of nursing in Pennsylvania. The State History will also be continued and it is hoped in the near future to have this history in circulation.

The formal opening was held at 8 p.m., Esther J. Tinsley presiding. The invocation was given by Rev. William [illegible], St. John's Lutheran Church, Allentown. Addresses of welcome were given by Honorable Malcolm Gross, Mayor of the City of Allentown, Fred [illegible], and Dr. William [illegible]. The response to the addresses of welcome and presidential address was then given by Esther J. Tinsley. Mary A. Rodrock, President of the League of Nursing Education, gave a splendid paper on "The Responsibilities of Nursing Education." [illegible], President, Pennsylvania Organization for Public Health Nursing, pointed out the achievements of the National Organization for Public Health Nursing during the past year. The speaker of the evening was Dr. Henry A. Atkinson, General Secretary, the Church Peace Union, who gave a most interesting and instructive address entitled "Peace." The rest of the program was carried out as indicated in the October *Journal*.

On Tuesday afternoon, a tea at the Allentown Country Club or a drive to the Trexler Game Preserve had been planned for the delegates, where they were most delightfully entertained.

At the evening session the invocation was given by Monsignor Leo G. Fink. Dr. Francis J. Dever spoke on "Glandular Therapy in Relation to Human Activity." Lucy Minnigerode, Superintendent of Nurses, U. S. Public Health Service, spoke on "Nurses in the United States Public Health Service."

The report of the tellers showed the election of the following: President, Esther J. Tinsley of [illegible]; vice presidents, Gertrude L. Heatley of Pittsburgh, [illegible] J. Turnbull of Pittsburgh, Mary A. Rodrock of Clearfield; secretary-treasurer, Mrs. Adelaide W. [illegible], Philadelphia; and eight directors.

At the business meeting, Wednesday morning, the report of the Registry Committee was given, and the name of that committee was changed to the Committee on the Distribution of Nursing Service. Invitations for the 1931 convention were extended, and Pittsburgh was selected as the next convention city.

On Wednesday evening the banquet was held, Esther J. Tinsley presiding. Approximately 500 nurses attended.

Thursday was League Day. The business session opened at 9, with Mary A. Rodrock presiding, [illegible] of the Pennsylvania League of Nursing Education are: President, [illegible]; vice presidents, [illegible]; secretary, [illegible]; treasurer, [illegible]; directors, [illegible], Ruth R. [illegible] of Harrisburg, and Anna L. [illegible] of Philadelphia.

Those who attended the convention agreed it was the best they had ever held. The program was instructive and entertaining, the arrangements were excellent, all will long cherish the memory of the warm hospitality of Allentown.

Rhode Island: The Rhode Island State Nurses' Association met on November 24, at the Nurses' Residence of the Homeopathic Hospital of Rhode Island, Providence. Marion Cole, from the Lincoln School, spoke on "A Visit to Czechoslovakia."

Tennessee: The Tennessee State Nurses' Association held its twenty-fifth annual meeting in Knoxville, October 13 and 14, with headquarters in the new Andrew Johnson Hotel. As has been the policy for several years, the Board of Directors held its meeting on Sunday previous to the opening of the convention on Monday. The Knoxville General Hospital Alumnae were hostesses at a luncheon for the directors, after which a drive through [illegible] Mountains National Park was enjoyed, with dinner at which the alumnae of [illegible] Hospital were hosts.

On Monday, a general business session occupied most of the morning. Reports of [illegible] and [illegible] were [illegible] each member, thus [illegible] the [illegible]. At [illegible] an [illegible] program was given by the [illegible] [illegible] [illegible] [illegible] [illegible] by [illegible].

[illegible]

[illegible] her impressions of the meetings of the [illegible] Division and the American Nurses' [illegible], Mary Dunn of Vanderbilt [illegible] on "The Future Preparation of the [illegible] Health Nurse," and Aurelia Potts of [illegible] College on "Newer Phases of Nutrition." Discussion of the "World Court" by [illegible] closed this unusual and interesting [illegible]. At the afternoon session Hazel [illegible], President, and Georgia Holmes, Secretary, were reelected.

[illegible] Tennessee League of Nursing Education, held its first annual meeting, [illegible] the Tennessee State Nurses' Association meeting, October 13 and 14, at the [illegible] Hotel, Knoxville. Speakers [illegible] the League program were: Mrs. Alma H. [illegible], National Headquarters, "The Three National Nursing Organizations"; Shirley C. [illegible], Dean of Nurses, Vanderbilt University, [illegible], "The Purpose and Activities of the League of Nursing Education"; Elizabeth [illegible], Riverside-Fort Sanders Hospital, [illegible], "Why a State League is Needed"; [illegible], Instructor, Knoxville General [illegible], Knoxville, "What an Individual [illegible] from Educational Work." Officers for the coming year are: President, Mrs. [illegible], Memphis; vice president, [illegible] D. [illegible], Chattanooga; secretary, [illegible], Memphis; treasurer, Mrs. Mary W. [illegible], Knoxville.

Vermont: The semi-annual meeting of the Vermont State Nurses' Association was held [illegible] Parish House, Brattleboro, [illegible], with about 65 in attendance. [illegible] Fisher, Town Manager of [illegible], spoke a few words of welcome. [illegible], Dr. Clara Leach [illegible] gave a most interesting [illegible] "[illegible] in China." Some [illegible] attended a dinner at the [illegible]. The first speaker, Allen [illegible] of the Committee [illegible] Medical Care, explained the [illegible] and asked the co[illegible] in the survey of the [illegible] [illegible]

District and Alumnae News

Arizona: Phoenix.—District 1 has the following Executive Board: President, Mrs. Clarice Hamer; vice presidents, Augusta Hefner, Helen Griffith; secretary, Mrs. Bertha Easton; treasurer, Mrs. Mildred Fulkerson; registrar, Florence Hicks; parliamentarian and historian, Bertha Case. The office of historian was created this year. The official registry which has been organized one year seems to have stimulated a professional consciousness.

Delaware: Wilmington.—Election of officers of the Delaware Hospital Alumnae Association was held on November 11, with the following result: President, Mrs. Esther W. Pettinord; vice president, Mrs. M. S. Ewing; secretary, Mildred Abbott; assistant secretary, Estelle Lisor; treasurer, Mrs. Eleanor Clouser. Dr. Albert J. Strikol gave a most interesting lecture on "Sinus Trouble" with lantern slides of the hospital clinics in Vienna, where he studied. The alumnae is striving for a bigger and better year with a program at each meeting to both interest and educate the nurses connected with the hospital. The members of the senior class are always invited for the program.

District of Columbia: Washington.—The District of Columbia League of Nursing Education met at Gallinger Hospital on October 28. Dr. Paul Eberhardt gave a talk on "The Scope of the Washington Institute of Mental Health." Miss Moran, Superintendent of Nurses at Gallinger, invited the members of the League to view the new hospital. The George Washington University Alumnae Association met on October 14 at the hospital with a good attendance; the members of the senior class and the hospital staff were invited, also Janet Fish of the Emergency Hospital, who was the guest of honor. Miss Fish read an article, "The Value Graduates Receive from Being Members of Nurses' Organizations," which was quite interesting. Miss Gust from the Central Registry told of the reorganization of the registry.

Iowa: Sioux City.—St. Vincent's Hospital shared in celebrating, on November 19, the Golden Jubilee of its Director, the Reverend Mother Gertrude, O.S.B. The early years of Mother Gertrude's life were spent in teaching among the Indians on the Western frontier until, in [illegible], she with six other Sisters came to Sioux City, with a working capital of $5, to undertake a program of social service there. Among their activities was St. Vincent's Hospital, opened in 1907 with 25 beds,

nursed by the Sisters, and directed by Mother Gertrude, who though not a nurse was greatly interested in the sick and their care. The Nursing School was organized in 1910.

Maine: Bangor.—The Eastern Maine General Hospital held graduation exercises for a class of twenty-one on October 19. The address was given by Harriet Bailey.

Maryland: Frederick.—The Nurses' Alumnae Association of the Frederick City Hospital held its monthly meeting October 28. Sarah F. Martin, Secretary of the Maryland State Nurses' Association, gave a very interesting talk. Miss Martin was accompanied by Mary C. Packard, who served for many years as Secretary of the State Board of Examiners of Nurses. All registered nurses in the city were invited and the meeting was well attended.

Massachusetts: Boston.—Peter Bent Brigham Hospital held graduating exercises for a class of twenty-five on November 21, in Assembly Hall, Simmons College. The address was given by Henry Lefavour.

Michigan: Jackson.—The Jackson City Hospital Alumnae Association at its recent annual meeting elected: President, Mrs. Jean O'Dell; vice presidents, Mrs. Lavonda Ratcliff, Mrs. [illegible] Howard; secretary, Rhoda J. Case; treasurer, Ruth Nichols. Kalamazoo.—The annual meeting of the St. Camillus Alumnae Association of Borgess Hospital was held on September 30. The following officers were elected for the coming year: President, Margaret Hughes; vice president, Mrs. Esther Cox; recording secretary, Winifred Cagney; corresponding secretary, Helen Olson; treasurer, Kathryn Mussatto. Lansing.—Members of the Lansing District met on the evening of November 3 for the purpose of discussing the establishment of a bureau for the distribution of nursing service. Ludington.—Nurses at Ludington have organized a sub-district to Muskegon District. The first meeting was held on October 29 with an attendance of twenty, when Betty Hart, nurse with the Michigan Children's Fund, told of her experiences in Lake County. Petoskey.—Nurses at Petoskey have organized a sub-district to Traverse City District. At the October 1st meeting, Mrs. Eva Hopkins [illegible] was elected chairman. Thirteen members attended. St. Joseph.—The St. Joseph District held a meeting at the Y. W. C. A., on the evening of November 4. Eighteen nurses were present. Miss Brisler, just returned from a five-year stay in India, gave an interesting talk on her experiences there.

Minnesota: Minneapolis.—The last meeting of the Private Duty Section of the Third District was conducted on a new plan, as it is always difficult for some to attend meetings in the afternoon, and for others, in the evening. This time, a dinner was served at six, by a caterer, and the meeting itself began at seven, the business taking twenty minutes, followed by a paper, "The Possibilities for Nursing in the Veterans' Bureau" by Anna Griffin, Chief Nurse of the Veterans' Bureau Hospital, Fort Snelling, and a symposium, "Pneumonia," arranged by Milda Botten, Supervisor, Medical Department, Swedish Hospital, and presented by her nurses: Cause, Miss Sandstrand; Symptoms, Miss Kjelling; Treatment, Miss Wendelschofer; Complications, Miss Sperra.

New Hampshire: Manchester.—At the annual meeting of the Sacred Heart Alumnae Association, addresses were given by Rev. Frank Lyons and James A. Broderick. Mrs. Mary D. Davis, President of the Association, addressed the senior nurses, who were present as guests, on the opportunities open for women trained as nurses. The State Association will be entertained in Manchester in December.

New York: New York.—The League of Nursing Education, Section 1, met on November 5, at Mt. Sinai Hospital. The topic for consideration was: "Is there a place in nursing education for the movietone film?" Three films were shown—"A Study in Infant Behavior," by Arnold Gesell, M.D.; "Hernia of the Diaphragm," by P. E. Truesdale, M.D.; and "Cesarean Operation," Joseph B. DeLee, M.D. Informal reports of the state convention were given. Port Chester.—Dedication of the new buildings of the United Hospital were held on November 2. Dr. Mathias Nicoll was the principal speaker. One of the new buildings is an addition to the nurses' home which has accommodations for sixty-two nurses and contains class and demonstration rooms, a laboratory and a library. Valhalla.—The Westchester School of Nursing held graduating exercises for the first class of twelve, on November 1, the speaker being Mrs. [illegible], President of the National Women's League [illegible]. [illegible], who has been a member of the School of Nursing since its establishment, has been promoted to the position of Assistant Superintendent of the hospital. She is succeeded by Annie E. Grant. An unusual feature of the commencement exercises was the

[illegible] service held in the old unused church at Sleepy Hollow, which was lighted with candles for the occasion.

North Carolina: District 1, Asheville.—The regular meeting of the Association was held in the beautiful, spacious, new nurses' home, Asheville Mission Hospital, on October 8. The reports of officers, committees and the registrar gave evidence of much interest and activity. Selected paragraphs from the October Bulletin from National Headquarters were read and discussed by Grace Sykes and Minnie Gibbs. District 2, Winston-Salem.—The regular meeting was held on October 8, with good attendance. The Registry Committee reported 113 members using the Registry. District 3, Charlotte.—The October meeting was held in the Medical Library. After the usual business, Josephine Kerr gave a valuable account of the Biennial Convention. Articles on official registries from the September issue of the *American Journal of Nursing* were read and discussed. District 7, Fayetteville.—Baker Sanatorium Alumnae Association met on October 9, with excellent attendance. Following the business, a report of the District meeting was given by Evelyn Pratt: "Spinal Anesthesia" (from the *American Journal of Nursing*) was read by Ruby Edmondson; "In Memoriam, S. Lillian Clayton," and "Outline of the Report of the Biennial Convention," by Kate Herndon. Plans for raising funds for improving classroom equipment were discussed.

Ohio: District 1 held a meeting at Alliance City Hospital Nurses' Home, November 10, with the Private Duty Section in charge of the program. District 3 held a general meeting, November 12, at the North Side Unit of Youngstown Hospital. Mr. Homer L. Nearpass spoke on "Adult Education" and Rose Gundy gave a ten-minute review of the *American Journal of Nursing*. District 4 held a meeting October 21, at the Cleveland Nursing Center. James Elbert Cutler spoke on "Community Facilities for Those Dependent upon the Community." District 9 held its meeting in Warren Hospital Nurses' Home, November 10, with the Educational Section in charge of the program. District 13 held a [illegible] meeting, November 3, in Findlay. Dr. [illegible] spoke on "Goiter," and [illegible] of Cleveland spoke on "[illegible] for Nurses." District 16 held a meeting in Memorial Hospital Nurses' Home, [illegible], October 21. Mrs. Gertrude [illegible] spoke on the work of the Ohio Commission for the Blind. Zanesville.—Bethesda Hospital held graduating exercises for a class of nine, on September 9, at Market Street Baptist Church. The address was given by Rev. H. Sidney Bullock.

Oklahoma: Miami.—A memorial to be placed at the grave of Mrs. Robbie M. Joseph is being planned by miners and mine owners of the Tri-State lead and zinc district. Mrs. Joseph worked among the miners as a welfare nurse for the American Zinc Institute for five years before her death in 1928.

Pennsylvania: Bethlehem.—The thirty-third annual meeting of the Nurses' Alumnae Association of St. Luke's Hospital was held October 18 at the Graduate Nurses' Home. This was preceded by a luncheon at the Masonic Temple, at which eighty nurses were present. The luncheon was a testimonial to Jean M. Coucheur, in recognition of her ten years' service as Director of the School. A purse was presented to her by the alumnae. Philadelphia.—The Alumnae Association of the Protestant Episcopal Hospital held a meeting on November 4, when delegates to the Allentown Convention gave interesting and instructive reports.

Tennessee: Memphis.—The schools of nursing of the St. Joseph's, Memphis, General and the Gartly-Ramsey Hospitals have recently arranged a two-months affiliation in public health nursing for senior students with the Division of Public Health Nursing of the City Department of Health.

Texas: On September 25, District 15 met in Abilene. There were about 35 nurses present, coming from Ranger, Stamford, Colorado and Abilene. Miss Districh, the General Secretary, was present and gave an address, speaking on the subjects of unemployment, A. N. A. meeting, 1931 membership campaign, Silver Jubilee meeting at Fort Worth, Grading Committee assessment, Relief Fund, summer school, institute, League calendar and the *Journal*. District 3, Fort Worth.—At a joint meeting of the alumnae associations of the hospitals in Fort Worth, 250 members met at the Medical Arts Building on September 29. On September 30, District 3 had about 80 nurses out at its monthly meeting to hear the General Secretary talk on the same subjects on which she spoke in Abilene, and on which she will speak in every district in the state. District 4.—On the evening of October 1, the alumnae members of Baylor Hospital, Dallas, and the senior students of Parkland Hospital, numbering 100 in all, met at Baylor Hospital to hear the General Secretary, Miss Districh, deliver her message. On October 2, at St. Paul's Hospital,

[illegible] District members and nurses from St. [illegible] and the [illegible] Hospital gathered for their [illegible] meeting. Dr. [illegible] and Miss Dietrich were the speakers for the evening. December [illegible].—At [illegible] Hospital [illegible], on the evening of October [illegible], the members of District [illegible] and the [illegible] of [illegible] and the [illegible] Hospital, about [illegible] in all, held a meeting. Miss Dietrich was the speaker. December [illegible].—At the [illegible] [illegible] [illegible] [illegible]. Miss Dietrich made an address. December [illegible].—On October [illegible], the [illegible] meeting of District [illegible] was held at St. Mary's Hospital, [illegible]. There were [illegible] nurses present, including the graduates from [illegible] and St. Mary's. Miss Dietrich was present and spoke. [illegible].—The [illegible] of the nurses' registry publishes a [illegible] news sheet, quarterly, which gives the [illegible] of the registry and serves as a bond of interest.

Wisconsin: Fond du Lac.—The [illegible] District held a meeting, on November [illegible], at St. Agnes' Hospital. Several interesting papers were read, including [illegible] on "Duties and Standards of Hospital Supervisors." [illegible] of [illegible] was an unexpected but welcome visitor. She spoke a few words on the [illegible] Duty Section. The next meeting will be held in Appleton.

Deaths

Isabelle [illegible] (class of [illegible], [illegible] Training School, Detroit), on October [illegible], at Adrian, Mich., after a lingering illness. Miss [illegible] was a charter member of the [illegible] [illegible] [illegible]

[illegible] She was [illegible] [illegible] [illegible] member of the Visiting Nurse Association of [illegible] [illegible] [illegible] when her health began to fail.

[illegible] (class of [illegible], [illegible] Hospital, [illegible], Pa.), on October [illegible] [illegible] [illegible] She was an active member of her Alumnae Association and was [illegible] [illegible] for the advancement of her profession.

[illegible] Gobble (class of 1905, [illegible] City Hospital, Newark, N. J.), in California.

Willie [illegible] Livery (class of 1915, Grady Hospital, Atlanta, Ga.), on October [illegible]. Miss [illegible] did industrial nursing; she was [illegible] loved.

Olive May [illegible] (class of [illegible], Presbyterian Hospital, Pittsburgh, Pa.), suddenly, on November [illegible], of a heart attack. Miss [illegible] came to Chambersburg General Hospital, Chambersburg, Pa., as superintendent, on [illegible]. As head of [illegible] [illegible] "good night" to a [illegible].

[illegible] (class of [illegible], [illegible] Hospital, [illegible], N. Y.), on November [illegible], [illegible] [illegible].

[illegible] (class of [illegible], Columbus City Hospital, Columbus, Ga.), in August, in Columbus.

About Books

THE MOST NEARLY PERFECT FOOD. By Samuel J. Crumbine and James A. Tobey. 292 pages. Illustrated. Williams and Wilkins Company, Baltimore. 1929. Price, $2.50.

IN the preface the authors state:

> Books on nutrition are numerous and so are books on dairy science. All of them contain much material on milk, but since there was no [illegible] text devoted entirely to a popular presentation of all the interesting phases of this one nearly perfect food, the authors felt justified in preparing this volume on the history, production, practical use, sanitation, and dietary functions of milk and its products.

This volume is really an encyclopedia on milk, containing practically all the information that is available concerning milk and its products. The authors endeavor to show that milk is the most nearly perfect food because it is the only single article of diet which contains practically all of the elements necessary to sustain and nourish the human system. A low iron content of milk is one of the very few reasons why milk cannot be called the perfect food. Milk is rich in vitamins, minerals, and nutritious proteins. The races of mankind who have lived the longest have been great consumers of milk in one form or another. There is a full discussion of [illegible] of using milk, useful milk products, milk and good cookery, how the [illegible] to milk. To those who are interested in dietetics in its various phases, this book will be of great value [illegible]. To the lay readers this book may prove an inducement to use more milk. The point is made repeatedly that milk is a food for adults as well as for infants and children. If more people drank milk the health of the nation would probably be much better. Even though the authors seem quite prejudiced in favor of milk, it must be conceded that they have produced strong evidence to support their contentions.

R. M. GREENTHAL, M.D.

Wisconsin

DIETETICS AHD NUTRITION. By Maude A. Perry, B.S. 332 pages. C. V. Mosby Company, St. Louis. 1930. Price, $2.50.

THIS book contains a detailed explanation of the normal diet requirements. As the public interest is now centered on prevention, the fact that the author has given importance to the subject of food requirements makes it valuable at this time.

The last half of the book gives instructions concerning diets as therapy, and for feeding the sick.

The chapter on "Feeding the Sick" expresses so much human sympathy that it is worth reading by any person who has the care of a patient.

The food therapy used in almost every disease and physical deficiency, and contained in fifteen different chapters, is the very latest. Miss Perry states in the preface that "the material for this book has been derived from many sources." Because of this, much detailed information is given showing why certain treatments are recommended.

The book is valuable to teachers

and nurses as a reference book and could be used as a basis for making an outline for valuable classroom work.

BERTHA M. WOOD

Massachusetts

PHYSIOLOGICAL PSYCHOLOGY. By J. A. Tobin, M.D. 139 pages. Vincentian Press, St. Louis. 1930. Price, $2.00.

THIS volume, published at the request of many directors of schools of nursing, fills a long-felt want in this field. It is the first of its kind written for the student nurse.

Physiological Psychology deals with life from an anatomical, physiological, and psychological point of view. Its philosophy is based on that of St. Thomas Aquinas. It is sound, safe, and intensely interesting and instructive. It contains a specific thought in every paragraph and the author has clearly explained each thought before proposing another, thereby avoiding confusion.

In the introduction the author has tersely given the real scope of the book in the following paragraph: "Every doctor and nurse who wishes to be successful in the practice of his or her profession must know and treat man as he is; not his mind alone, nor his body alone, but the composite man, made up of body and mind, each being incomplete without the other."

SISTER MARY VINCENT, R.N.

Illinois

INFANT NUTRITION. By W. McKim Marriott, M.D. 375 pages. Illustrated. The C. V. Mosby Company, St. Louis. 1930. Price, $6.50.

ALTHOUGH *Infant Nutrition* is written primarily as a textbook for students and practitioners of medicine, it ought also to be of considerable value to nurses who are engaged in work with infants.

The book contains a complete study of the food requirements of infants in sickness and in health and tells numerous ways in which these requirements may be met. For this reason it is valuable as a reference book.

The first chapter deals with the growth and development of a normal baby, which is, of course, an essential background for anyone interested in infant feeding and care. It then takes up the metabolism of the various food elements which is summarized very briefly in Chapter VI with the exact nutritional requirements of an infant stated. Before starting the chapters on breast and artificial feedings, two chapters are devoted to the digestion and stools in infancy. The chapters on artificial feeding are very full and include a discussion of all the various forms of food which are in common use. It tells the method of preparation of these feedings and the advantages and disadvantages of each. Although each method is given consideration, the emphasis for success in feeding seems to be laid on some form of evaporated milk formula as the safest, easiest, and best all-round food for babies, with which I am sure many people would disagree.

The remainder of the book, with the exception of a chapter at the end devoted to the technic of various forms of treatment commonly employed in caring for infants, deals with the feeding of infants under abnormal conditions. Malnutrition, diarrhea, and the various infections are taken up in order. Dr. Marriott lays special stress on the fact that some cause other than feeding should be looked for if a baby fails to gain when a formula is being used which satisfies the four requirements which he considers essential, namely:

1. Sufficient calories.
2. Sufficient protein, carbohydrate,

mineral salts, water, and vitamins A, B, C, and D.

2. Absence of harmful bacteria.
3. A food which is digestible.

If this is done the feeding will not be changed innumerable times when the real cause of the child's failure lies somewhere else.

There are chapters discussing the premature baby with his various feeding problems as well as several chapters on vitamin deficiency diseases and a chapter on acidosis and alkalosis.

For the most part the book is not too technical to be easily understood and is well arranged, although it is not an especially well written book in places. It has a number of cuts, some of which are very good.

Although this is a book which would be of little value to nurses who are only casually interested in infant feeding, it is one which would be well worth while for any nurse really interested, to read and own.

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THE PRESCHOOL CHILD AND HIS POSTURE. By Frank Howard Richardson, M.D., and Winifred Johnson Hearn, B.S. 220 pages. Illustrated. G. P. Putnam's Sons, New York. 1930. Price, $2.50.

GOOD posture is an index of good health. It is also dependent upon good habit formation. When the infant assumes the upright method of locomotion he departs, biologically, from the way in which nature had intended that he should function. Civilization has added to the biological handicap by reducing to a minimum the opportunity for the development of an effective musculature. The evidence of what would seem to be the spontaneous development of poor posture has been furnished in the results of the medical examination of large numbers of children of the so-called preschool age. Poor posture results also from other defective conditions, particularly malnutrition and rickets. It may be caused by such crippling diseases as poliomyelitis and tuberculosis. The substitution, therefore, of good for poor posture depends upon many factors which cover the entire range of a child health program.

To health workers the book which is the subject of this review, should be of great practical assistance. The authors have presented the facts in regard to the posture of young children. They have given us a description of good posture; have reviewed the causes, theoretical and known, of poor posture; have stressed the extent of this condition; and have described the chief postural defects.

Two methods for the correction of postural defects are discussed. The "newer method," which substitutes a program of postural group games for the individual method, is based upon modern pedagogical theory. The interest of the child in play is the incentive for this newer approach in corrective posture work for preschool children.

The authors do not neglect to point out the need for the parents' coöperation since "it is obviously impossible for even the best of teachers, in one or two sessions a week, to undo the faults that have been existent for months or years, and that are still being wrought by faulty habits of living, unless the parents are coöperating in the home, and trying to remedy these faulty habits."

The need for medical examination, the correction of other physical defects, and the accurate recording of findings is stressed, since it is only through a comparison of the findings

of [illegible] [illegible] that [illegible] [illegible] may be [illegible].

We are heartily [illegible] this [illegible] would be most practical in [illegible], nursery [illegible], and similar organized groups where attendance is assured and suitable space provided for the activities.

M. S. W[illegible], R.N.

New York

Books Received

[illegible] [illegible] [illegible] and [illegible] [illegible]. [illegible] [illegible] [illegible] pages. Published by [illegible] [illegible] Nursing and Health Service, New York. 19[illegible].

Many [illegible] to the East Harlem Nursing and Health Service, [illegible] East 11[illegible] Street, New York City.

Textbook of Anatomy and Physiology for Training Schools and Other [illegible] [illegible]. By [illegible] [illegible] [illegible], M.D. [illegible] edition, revised and enlarged by [illegible] [illegible] [illegible], M.D. [illegible] pages. Illustrated. [illegible] [illegible] and Company, Philadelphia. 19[illegible]. Price, $[illegible].

A Chapter of Child Health. ([illegible] County and [illegible], [illegible].) [illegible] pages. Illustrated.

[illegible] [illegible] of [illegible] [illegible] [illegible] ([illegible] County, Tenn.) By [illegible] [illegible], M.D. [illegible] pages.

Reports of the Commonwealth Fund Child Health Demonstration. The Commonwealth Fund Division of Publications, New York. 19[illegible]. Price, $[illegible] or [illegible] [illegible] set, $[illegible].

[illegible] [illegible] [illegible] Dictionary. [illegible] by [illegible] [illegible], A.M., M.D. [illegible] edition [illegible]. [illegible] pages. W. B. Saunders Co., Philadelphia. 19[illegible]. Price, $[illegible]; with thumb index, $[illegible].

[illegible] for [illegible] of [illegible] and [illegible] [illegible]. By [illegible] D. [illegible], M.S., and [illegible] [illegible] [illegible], [illegible]. Third edition. [illegible] pages. Illustrated. The Macmillan Company, New York. 19[illegible]. Price, $[illegible].

Disease Prevention. By Herbert H. Waite, M.D. [illegible] pages. Thomas Y. Crowell Company, New York. 192[illegible]. Price, $[illegible].

[illegible] [illegible] and [illegible]. By [illegible] Williams, M.B., F.R.C.S. Twentieth edition. [illegible] pages. Illustrated. F. A. Davis Company, Philadelphia. 19[illegible]. Price, $[illegible].

[illegible] of the [illegible]. By [illegible] M. [illegible], R.N. Fourth edition, revised. [illegible] pages. The C. V. Mosby Company, St. Louis. 19[illegible]. Price, $[illegible].

[illegible] [illegible] for Nurses. By George P. [illegible], M.D. [illegible] edition, revised. [illegible] pages. W. B. Saunders Company, Philadelphia. 19[illegible]. Price, $[illegible].

[illegible] [illegible]. By [illegible] [illegible] [illegible], R.N. [illegible] pages. [illegible], [illegible] cents; [illegible], [illegible].

[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible], R.N. [illegible] [illegible] [illegible] [illegible], Pa.

Official Directory

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